THE CHICAGO
MEDICAL EXAMINER

VOL. II. MARCH, 1861. No. 3

ORIGINAL CONTRIBUTIONS.

Nature and Art. Their relative influence in the management of Diseases. Are they antagonistic or co-operative? An Essay read to the Chicago Medical Society, Oct. 19th, 1860. By N. S. DAVIS, M. D.

During the last ten or fifteen years much has been said and written concerning the curative powers of Nature; as though she was an actual *entity*—a fair Goddess of health, ruling over the animal economy with the ubiquitous power to meet disease at every point.

And while nature has been thus personified, and exalted as an active curative power, *Art* has been caricatured as little else than an indiscriminate exhibition of harsh and deleterious drugs. Drs. Forbes and Bigelow, took the lead in this modern effort to deify nature, and it has been followed up, both in and out of the profession, until we can hardly take up a popular address, an introductory lecture, or an essay in the pages of a Medical Journal, without finding the curative powers of *nature* extolled, and the assumed *over-drugging* of the human race under the direction of art, soundly berated.

One of the latest and most noted productions of this kind, is the annual address, delivered before the Massachusetts Medical Society, by Dr. Oliver Wendell Holmes, of Boston; entitled, "Currents and Counter Currents in Medical Science." In perusing this kind of literature, two questions always arise in the mind, namely: 1st, what is meant by *Nature* as used in medical language; and 2d, what are the true relations between nature and art? Most of that class of writers who extoll nature and depreciate art, use the two words as though they

were necessarily antagonistic, but make no attempt to define either of them. Dr. Holmes, however, has so far deviated from the beaten path, as to define both terms as follows: "*Nature*, in medical language, as opposed to Art, means trust in the reactions of the living system against ordinary normal impressions."

"*Art*, in the same language, as opposed to Nature, means an intentional resort to extraordinary abnormal impressions for the relief of disease."

"*Disease*, dis-ease—disturbed quiet, uncomfortableness, means imperfect or abnormal reaction of the living system and its more or less permanent results."

"*Food*, in its largest sense, is whatever helps to build up the normal structures, or to maintain their natural actions."

"*Medicine*, in distinction from food, is every unnatural or noxious agent applied for the relief of disease."

These definitions emanating from a high literary source, and directly from what is claimed as the head quarters of conservatism in medicine, may reasonably claim a little examination. It will be seen by the first paragraph quoted that *Nature*, in medical language "means *trust*," that is, reliance, faith; therefore, according to Dr. Holmes, *nature* is merely a *mental* act, capable of being exercised either by the patient or the physician, or by both. "*Trust* in the reactions of the living system against ordinary normal impressions," constitutes *nature*. Surely, the definition is sufficiently simple, but can anything be more manifestly absurd? It is probable, however, that Dr. Holmes meant to convey the idea, that *nature* is the reaction of the living system against ordinary normal impressions, instead of *faith* or *trust* in such reaction. But while his language makes nature consist in a mere mental act of faith, *Art* consists in the production of "extraordinary abnormal impressions;" and disease simply "means imperfect or abnormal reaction of the living system," &c. Surely, the author of definitions so lucid, and so comprehensive, should have a monument erected to his memory!

Nature is the normal *reaction* of the living system.

Disease is imperfect or abnormal *reaction* of the living system.

Art is the production of abnormal *impressions* on the living system. But what is meant by the words, "*reaction*" and the "*living system*"? According to lexicographers, *re-action*, means action restored, renewed, re-established; and necessarily pre-supposes a previous diminution or suspension of action.

But can "ordinary normal impressions" produce anything more than simply, *action*? If not, how can *nature* be synonymous with *re-actions*? It was no part of our intention, however, to waste time in criticising the absurd definitions of Dr. Holmes. On the contrary we quoted them for the purpose of exhibiting more clearly, certain fundamental errors that are common to the whole class of writers, represented by Holmes, Bigelow, Forbes, &c. The first and most important of these errors, is the assumption that *nature* and *art*, as used in reference to the treatment of disease, are antagonistic or opposed to each other.

The second, is the assumption, that all medicines are "unnatural or noxious agents," producing "extraordinary abnormal impressions" on the living system.

The third, is the assumption that whatever is injurious or debilitating to the human system in health, is equally so to the same system affected by disease.

These three assumptions, constitute the foundation on which is based all the reasonings and deductions of "Young Physic" —"Nature and Art in the cure of Disease"—and a host of minor productions in the form of Addresses, Essays, &c. To expose the fallacy of these assumptions and point out, what we deem to be, the true relations of *nature* and *art* in the cure of disease, are the special objects of this paper.

Nature is a word which occurs so frequently in the medical writings of all ages, that its import, or the ideas sought to be conveyed by it, ought to be clearly understood. It is generally used in such a manner as to indicate, not only, an active, but a more or less intelligent power.

Hence, the common expressions, "Powers of Nature"—"efforts of nature"—"curative powers of nature"—"vis medicatrix naturæ"—&c., &c. If we take the plain import of the language used, we should necessarily receive the idea that the living physical organization of man, is possessed of a definite property or power, not only capable of resisting morbid impressions, but capable also, of making active and well directed *efforts* to remove morbid action when already established.

The *Archæus* of Van Helmont, did not more clearly represent the idea of a distinct presiding power in the animal economy, than does the word *nature*, as used in the medical literature of the present day. But is there any such definite property or power? We doubt whether any enlightened physician of the present day, would answer in the affirmative. What, then, is the proper meaning of the word Nature as used in medicine.

A rational answer to this question, must necessarily precede any attempt to point out the true relation between nature and art. If the word has any definite meaning in medical discussions, it must refer to the elementary or vital properties of the organized structures, and the primary functions resulting from the action of natural stimuli on those properties. Viewing man as a living physical being, without reference to mind, we should say that every cell and fibre of his organized structures, are endowed with two elementary properties. The first we call *susceptibility*, or that property which renders the primary organized structures capable of being acted upon in a given direction. The second, we call *vital affinity*, or that property by which the particles of organized matter are made to arrange themselves in peculiar and definite forms, constituting the various primary structures of the body. By one class of writers the first of these properties has been confounded with nerve sensibility; and by another, both have been confounded under the vague expressions—life force—vital force—vitality—principia vitæ, &c. But a careful logical analysis of the phenomena of organization and life, will show that these two distinct properties not only exist, but that they are also primary

and inherent in all living matter, without any reference to nerve structure or function. In the absence of active stimuli, they are capable of remaining dormant for an indefinite time, as seen in the seeds and germs of plants and the ovum of animals. But no sooner is the appropriate stimulus of caloric, moisture, and nutritive material presented, than a *susceptibility* is manifested by active changes; and a *vital affinity*, by the peculiar and definite arrangement of particles resulting from such changes.

Each of the primary structures of the human body, such as the nervous, muscular, fibrous, vascular, and secretory being endowed with these properties, are capable of manifesting certain phenomena or results which we call elementary functions.

Thus the nerve structure is capable of receiving and transmitting impressions; the muscular of contractions; the fibrous of elasticity; the vascular of circulating fluids; and the secretory of selecting materials and forming new compounds, called secretions. Thus by an analytical study of organized living matter, we find two elementary properties common to all such matter; and as a result of these we find each definite structure endowed with a capacity for certain actions called elementary functions. They may be tabulated thus:

Elementary Properties.	Susceptibility, Vital Affinity,	Common to all living matter.
Elementary functions.	Sensibility and Transmissibility,	Belonging to nerve structures.
	Contractility—belonging to	muscular structures.
	Elasticity— do	fibrous structures.
	Circulation— do	vascular structures.
	Secretion— do	secretory structures.

From these elementary properties and functions, aided by the natural stimuli and appropriate material to act upon, result all the complex phenomena of physical life and organization.

Now, the sum total of these properties, structures and functions, as they are presented in the living animal body constitutes *nature*. And when we speak of the *powers* or *efforts* of nature, we can mean nothing more or less than the actions resulting from the performance of one or more of these functions.

Some of these actions have for their object the reception, assimilation, distribution, and appropriation of material for growth and reparation. Others, for the disintegration and removal of waste or hurtful material from the system. The former are styled nutritive actions, and the latter excretory or depurative. It is chiefly through the latter class of actions or functions that those changes are effected, which in common parlance are styled efforts of *nature* to prevent or cure disease. Thus if food is taken in too large quantity or of bad quality, it often irritates the mucous membrane to such an extent as to produce either vomiting or purging, by which the offending material is expelled, and *nature* is said to have relieved herself. Again, if matter foreign and hurtful in its nature, passes the digestive organs and enters the blood, it is often speedily separated and passed off by the skin, kidneys, and lungs, thus preventing the establishment of morbid action or rendering it evanescent. This is another mode of displaying what is called the curative efforts of nature.

But some of the excretory organs are so constituted that the increased action of one may temporarily compensate for the diminished action of another. Thus, a diminished action of the skin from undue exposure to cold, is often accompanied by sufficient increased action of the kidneys to prevent hurtful accumulations of effete matter in the blood. These are also denominated *efforts* of *nature*. There are also various other processes by which morbid actions are suppressed or diseases limited in their duration, that are ranked as efforts of *nature*, but the rationale of which is less generally understood.

Thus when an irritant acts upon the nervous system so energetically as to produce convulsions, the latter arrests the respiratory process and so rapidly accumulates carbonic acid in the blood, that its narcotic and sedative qualities soon overcome the excitement of the nervous and muscular structures, and the convulsive movement ceases. Again, some cause is brought to bear in such a way as to disturb or excite the elementary properties of the tissues, and thereby develope the phenomena of fever. The fever thus established is accompanied by a general diminution of the excretory actions. Hence,

effete matter gradually accumulates in the blood until, by its depressing effects, it overcomes the morbid susceptibility, thereby reducing the febrile excitement to a point consistent with the return of secretion and healthy action. This may take from one to three weeks; but when accomplished, the fever is said to have been *self-limited*, or cured by the *efforts* of *nature*. We thus see clearly that *nature* in medical language, when not used merely as a cloak for ignorance, means simply the ordinary processes that take place in the living animal body; and the *curvative efforts* or *powers* of *nature*, the *vis medicatrix naturæ*, are the performance of one or more of these processes in such a manner as, either to remove the causes, or overcome the effects of disease. Having thus defined nature and her efforts, we will next inquire into the nature of *art* and her real relations to nature.

Dr. Holmes has defined Art, to consist in the use of medicine for the production of extraordinary abnormal impressions to relieve disease. And medicines, he defines to be *unnatural noxious* agents. These definitions, however, are only equalled in absurdity by his declaration that nature means a mental act of faith or *trust*. We should say that *disease* consisted in extraordinary and abnormal impressions and actions; and that *art*, as used in medical language, meant the use of such agents as would diminish or *remove*, such "extraordinary and abnormal impressions" and their results. In the illustrations already given we have seen that nature has three methods of resisting disease; First, by expelling the cause, as when offending matter is ejected by gastric or intestinal discharges or by increased secretions from the skin, kidneys, &c. Second, by increasing the action of one secretory organ sufficient to compensate for the diminished action of another. Third, by allowing the accumulation of such material in the blood, as by its narcotic or sedative qualities is capable of overcoming morbid excitement and favoring critical evacuations.

So the enlightened physician, the practitioner of true medical art, instead of using noxious agents to produce abnormal impressions, acts in strict imitation of nature's own processes, by endeavoring first of all to remove the noxious causes—sec-

ond, to use one organ when necessary for the temporary relief of another which may be disabled by disease—and third, to bring into requisition such agents as will allay irritation or excitement when in excess, or prop up and sustain the properties and functions when too much depressed.

We thus see that the operations of nature herself; or in other words, the processes that take place in the human system when embarrassed by morbid impressions or disease, plainly indicate the use of agents to remove offending matter, either by evacuants, such as cathartics, diuretics, diaphoretics &c., or by antidotes to destroy its noxious qualities. And when the morbid actions do not cease with a removal of the causes from which they originated, nature points with equal clearness to the employment of sedatives, anodynes, or tonics, according to the nature of the morbid action.

The very existence of disease, is a confession on the part of nature, that she has been unable to resist the action of those noxious influences to which she has been exposed. And the true object of art, is to interpose timely and well directed assistance in her behalf, either by removing the evil influences, or lessening their effects on the organized structures, or by both. Hence the skill of the physician in the practice of his art, will be in direct proportion to the clearness with which he sees the exact nature and tendency of the morbid actions constituting disease, and the precision with which he adapts the application of remedial agents to the accomplishment of the special change indicated by the nature of the morbid action. If there is any truth in the foregoing observations, they show clearly that the physician is, what his name imports, namely, a student of nature in its most comprehensive sense. For he studies nature, not only, in her healthy manifestations, but also in her embarrassments, her deformities, and morbid conditions. And his *art*, instead of being antagonistic or opposed to nature, is in the truest sense of the word, her ally, her assistant, exerted only when she is embarassed, and in a direction to relieve such embarrassment.

Hence, the assumption of Dr. Holmes, and the school he represents, that nature and art stand in opposition to each other,

is a fundamental error that vitiates all their reasoning. Equally faulty is the definition of medicines given by the same class of writers, and the distinction between food and medicine. The assertion that food embraces all substances capable of nourishing the tissues or supporting the functions of the organs; and that medicines are simply "unnatural or noxious agents," is neither explicit nor truthful. Will any respectable physiologist deny that caloric, electricity, oxygen, &c., are capable of supporting the various functions of the system, and yet will he pretend that these agents are food? Again, it is perfectly well known, that under certain circumstances, strychnine, the preparations of iron, of peruvian bark, &c., are capable of aiding very much in supporting the various functions of the system; but will any one pretend that these agents are food! Neither is it true that all medicines are "unnatural or noxious agents." Are not the gentian, the poppy, and the rheubarb, just as *natural* as the potatoe, the corn, or the wheat? And, when properly used, are they any more noxious? If improperly used, they may produce injurious or noxious effects, and so may a loaf of bread. The truth is that the human system is capable of being acted upon by three distinct classes of agents. The first embraces all such substances, whether solids, liquids, or gases, as are capable of being assimilated and converted into any part of the natural structures of the body. These constitute *food.*

The second, embraces those agents, which though not constituting a part of the living structures, are yet essential to the healthy performance of the various functional and organic actions, such as atmospheric oxygen, caloric, light, and electricity. These are the natural *stimuli* or *excitors* of action, and are essentially distinct from food.

The third class, embraces all such agents as are capable of modifying the properties and actions of the system, without being themselves assimilated. These are *medicines.*

Another fundamental error, that vitiates the reasoning of all that class of writers who delight to deify nature, and caricature art, consists in the assumption that all medicines or substances capable of affecting a well man injuriously, must also affect a

sick man in the same direction. Thus, if a bleeding, a purge, or a blister, debilitates a person in health, the same effect must necessarily follow their administration to one affected with disease. To the observing and experienced practitioner, the fallacy of such a statement, is abundantly obvious; and yet it is well calculated to deceive the inexperienced and the non-professional. Those who assert such a doctrine, forget that the intense engorgement of the capillaries of an important organ like the lungs or brain, may so interfere with the performance of its function as to threaten a speedy and fatal exhaustion, while a timely bleeding sufficient to make a well man faint, would, by relieving the oppressed organ and restoring its function, positively add to the strength of the sick one. They seem to forget that all disease or morbid action, is accompanied by abnormal susceptibilities and diminished strength; and consequently that agents which might act positively injurious on organs with their normal susceptibility and action, might be exactly adapted to remove abnormal susceptibility and action, and thereby restore strength and health. Without pursuing these strictures further, we will briefly state a few rules which we think should govern the physician in the investigation and treatment of disease.

First, he should regard the living body, as a complex organization, composed of various delicately organized structures and organs, each designed to perform its own proper function, and all endowed with elementary properties that distinguish them from inorganic or dead matter.

Second, he should remember that the body so organized and endowed, is constantly surrounded by agents, ponderable and imponderable, so numerous and so changeable, that they are capable of influencing the properties and functions of its several structures, in every possible direction. Thus, some are capable of exalting the properties and inducing excited action; others of depressing the properties and inducing diminished action; while others still pervert the properties and functions, instead of simply exalting or depressing them.

Third, the physician should aim to make himself so familiar with the physiology and pathology of every structure and

organ, that he is capable of analyzing the complex phenomena of disease, and of tracing accurately its location, its grade of action, its stage of progress, its tendencies, and its influence on other organs more or less remote from its own location.

Having done this, he should have such a knowledge of the Materia Medica, as will enable him to apply such remedies as are exactly adapted to the existing grade of morbid action. In doing this he will find use for depletives, sedatives, and anodynes to soothe pain and diminish excited action; for tonics and restoratives to prop up and sustain functions already impaired; and for alteratives and antidotes to correct perverted action, and neutralize noxious ingredients.

Following these rules and objects, the enlightened physician will neither become a skeptical advocate of expectancy; nor an indiscriminte administrator of heroic remedies; nor yet a dreamy advocate of some vague theory by which he attempts to reduce all disease to a unit, and all remedies to one principle of action, whether such theory be the *asthenia* of Brown and Todd, or the similia similiabus curantur of Hannemann. But he will become a true observer of nature, in health and disease; and will be ever ready to aid her when embarrassed by disease or morbid action, strictly in accordance with the dictates of an enlightened *common sense.*

Valedictory Address to the Graduates of Medical Department of Lind University, for the Session of 1860-61. By M. K. Taylor, M. D., *Professor of Pathology and Public Hygiene.*

Gentlemen.—We have assembled, probably, for the last time, in the relation of teachers and pupils. The prescribed course of instruction has terminated. Your proficiency has been endorsed, and with the seal of this University you will soon be wending your way to your respective homes, to receive the congratulations of friends, and to enter, we trust, upon a more extended sphere of usefulness.

The anxieties, aspirations, desires and possibly rivalries of studentship are passed, and the hopes and fears of a final

examination are quieted in the reception of the testimonials this night conferred, and in this more public acknowledgement of your industry and worth. And while we thus recognise your acquirements in medical science, and assure the public so far as we may, by these outward acts, that you are justly entitled to its confidence and support, we take occasion to express our own gratification in knowing that you have made every reasonable effort to qualify yourselves thoroughly for the responsibilities you propose to assume. Indeed, I may go farther than this, and declare our belief that few students in this country will enter the ranks of the medical profession better prepared to discharge its obligations than yourselves. I say not this with the view of tickling your vanity or pride, nor as an unmeaning compliment to sweeten the hour of parting, but to express more fully our firm conviction that the advantages growing out of the plan of instruction herein adopted, together with your own ardent desires to improve them, have been conducive in a greater degree to this end. Feeling thus, therefore, it is with more than an ordinary amount of pleasure that I welcome you into the ranks of one of the most responsible, and when rightly viewed, one of the most ennobling professions of civilized life. I cheerfully extend to you the right hand of fellowship and meet each of you with a cordial greeting, and that fraternity of sentiment which you have a right to expect. Rest assured of the interest we shall feel in your future welfare, and of the pleasure it will afford us to hear of your success in life, and to know hereafter that nothing shall have transpired causing you to regret this choice of a vocation. We hope, too, that the same zealous spirit of inquiry and observation which we have witnessed during your pupilage will continue beyond the shadows of the institution you are now about to leave, and remain an abiding influence throughout you professional career, and at last meet with that reward in honor, position, and profit, to which true merit may justly lay claim. I would also with this assumption of a new position have you take enlarged views of what should be the great aims of life in the promotion of the welfare of your fellow creatures; and bear in mind that you have a two-fold character to

sustain before the world, in your personal and professional relations, the dignity of which can be best upheld and vindicated by exemplification in your own conduct. Your duties in this respect, therefore will be the subject of our special consideration.

In entering upon your professional duties, and having a proper regard for a faithful discharge of them, you must expect at the outset, that every virtue of the human heart, and the highest qualities of the understanding, will, more or less, be called into requisition.

For the exercise of a sound discretion, a good judgement, a desire to please without a forfeiture of self respect, a high sense of honor, an unbending integrity, kindness, sympathy, gentleness, without loss of efficiency, a liberal allowance for the peculiarities of some, and the weakness of the infirm, you will continually find drafts made upon you, and it is to be hoped that none of these demands will ever become subjects of protest.

But beyond these appeals to, and demands upon the sterling virtues you may possess, there is the sense of responsibility standing as an ever present monitor in the minds of those who feel they have an account to render to their own consciences as well as to their Maker, for the short comings of this world. Life, health, and all its blessings, the richest pleasure of earth, the support of declining years, and all the hopes that brighten the pathway of age to the tomb, are often intrusted to the physician's care. The great and powerful, rich and poor, president and people, alike bow to our professional shrine, and seek at the hands of its votaries relief for their multiform mental and physical infirmities. This sense of responsibility is to be cherished, and the moral obligations for the proper performance of your duties, should ever be subjects of your serious consideration. But not only this, for thinking without action has but little merit in it, we enjoin upon you to be diligent in the acquisition of more knowledge as well by your own patient investigation and studies, as in keeping pace with the

labors and advancement of others. To be a student, therefore, is a necessity through life, otherwise these responsibilities cannot be honestly discharged.

You must by this time be well aware that the field before you for the exercise of your mental faculties is an unlimited one. Indeed it may be said to reach beyond any single human capacity, for medical science is the sum of all others, and has for its basis all that we know of the mental, moral and physical relations of mankind to the world.

Its vast extent, to some, may be a source of discouragement. Yet boundless as it may appear, and unpromising as it may seem to one desirous of grasping a given amount of knowledge only, and appropriating it solely to selfish purposes, medical science has allurements to the true student, which are unequalled by any other, and which lead him to the loftiest conceptions of the subtleties of life, and all its attendant intricacies and surroundings.

It will give the close investigator, a catholicity of spirit, and teach him to hold up before the world his profession unspotted by selfishness—uncontaminated by dishonor or meanness, to cherish a fraternal regard for his professional bretheren, and at all times to feel an abiding faith in its ultimate triumph over any and all opposing, so called, systems of medicine, come they from whatever source they will.

These are but a few of the encouragements that I would offer as a stimulation to unceasing devotion to your profession, both in respect to its literature and science, as well as their practical application in the removal or alleviation of disease. They pertain mainly to yourselves individually, and bear more forcibly upon the inner consciousness of one seeking at all times to be true to himself first, and then to those who in their hour of suffering may require his aid.

But while, for your own sake I would urge the importance of an assiduous devotion to the more intellectual departments of your profession, I am by no means unmindful of the obstacles which will arise from business relations, the discouragements growing out of a want of appreciation of one's labors by the public—for a time, perhaps possibly forever;

and the tempting allurements offered by the credulity of men, the preying upon which may lead to affluence and high social position. 'Tis true, these blighting influences have done much to weigh down and reduce to sluggards and routinists, many of those, whose aspirations in early life led them in the direction of better things, and even have driven many from the paths of professional rectitude. Still I trust that none of these will, even for a moment, deter you from obeying the behests of your medical obligations, and of meeting them with the stronger weapons of indomitable perseverance. Closely associated with these obstacles to your progress, however, and that which operates with the greatest force upon all members, old and young, of our profession, is the ignorance of a large majority of the public, of what constitutes the basis of the principles and practice of medicine. With these, medicine is a matter of belief only, and not of any positive knowledge. Hence the most absurd crudities and superstitions find as ready a lodgment in their minds as the more potent facts of medical science. Indeed it would almost seem that the rapid advancements in all departments of physical knowledge, and the ready promulgation of the same, through a teeming press, has served to unsettle the minds of many in the application of the plainest common sense rules, involved in the ordinary transactions of life, to the treatment of their ailments, and engendered a morbid desire for something new and startling, and totally distinct from anything heretofore considered a fixed principle.

Novelty in such cases, usurps the place of a conservative stability—the new the place of the old—and under the deceitful and high sounding name of progress, with the zeal of a Mohamedan, they unceasingly proclaim their crude notions of the most abstract sciences, and at the same time dispaly their unblushing ignorance of the basis upon which any single one is founded. Neither does it matter where these notions originate. They are alike, ready to accept as an established truth every "pathy and ism" emanating from Boston or Germany, as well as the less pretentious superstitions, and wierd fancies of a Pattowatamie Squaw; nor, is it alone among the less

cultivated and uninformed, that you will be likely to meet these. Men of intelligence in other matters, are not free from them, and you will often find the crude theories of an Egyptian age, clothed in the habiliments of a higher modern civilization. It will seem strange to you that these things exist, and you may be loth to accord that consideration to the opinions of men on medical subjects, which, upon every other, would give you the greatest pleasure. So, too, at times, you may feel nettled by a total disregard of what you concieve, and probably know to be for the best interests of those seeking your advice, and the straying away after their erratic fancies, those whom you have heretofore considered your most reliable friends. Nor need this be a matter of surprise. For, if you will call to mind the fact, that nearly all the physical sciences have been raised to their present gigantic proportions, since the commencement of the present century; that anything like a positive knowledge of the organic changes taking place in the human system, either in health or disease, dates back to scarcely half that time, that the common mind must necessarily, in most instances, be years behind the pioneers of scientific advancement, even so far as the general principles are involved, and that more especially the intrinsic difficulties attending investigations of a science so complicated as medicine, and which require years of patient industry to catch a gleam of its great truths; we may well excuse errors of opinion in the less informed, and treat their foibles so far as consistent with self respect, with a spirit of forbearance. Since, in the language of another, it is a well known fact, that whilst the public can judge with a tolerable degree of correctness, of merit in every other profession, it is wholly incapable of forming a proper estimate of ability in medicine. The structures of the human body, the functions they perform, the derangements to which they are liable, are to mankind in general, completely unknown. All that your patients will concern themselves with, are results, but so little are they familiar with the modes by which these are obtained, so little do they know of the operation of nature as distinguished from art, that they are especially liable to the most erroneous conclusions. Coupling

these to the greedy avidity with which most persons seize upon all knowledge of this kind, without the ability to discriminate between the good and bad, or the source whence it emanates, it is not at all surprising that they should be unstable in their opinions, and drift in the direction of every point of the compass save the right one. For this reason, too, unprincipled persons from time immemorial, have practiced on public credulity, and some specious but shallow theory, some vaunted nostrum, some peculiar accomplishment, or some singularity of manner have each in turn been made the means of imposition, have each found favor in the estimation of large and even respectable classes in many communities, and for the time overridden the greater truths and practice of a rational science. These things exist, and we may speak of them as they are, and meet them like men. They become sources of annoyance to those who have a just conception of the highest aims of our art, and seek to be governed by a conscientious regard for the performance of the functions of a true physician. In the weaker, too, as well as in the indolent, they give rise to repinings and puling reflections on the want of appreciation and confidence in their ability—overwhelm them with discouragements—and reduce the practice of medicine, by them, to the meanest drudgery of their lives.

But to him who stands shielded by the panoply of a high scientific attainment, who has courage and an unwavering perseverence, to surmount all obstacles in the way of his progress—industrious habit of thought—and complete devotion to the welfare of his profession, they only aside from the annoyance of contact, serve as incentives to the more vigorous prosecution of what should be the great aim of his life—commanding, thereby, the confidence and respect of those with whom he associates, and making them feel that the position of an enlightened medical man, is as much above that of vaunting pretenders, as the blue vault of heaven is above the unfathomable depths of the earth beneath. Your duties in respect to correcting these evils are manifold and cannot be specified here. Suffice it to say, however, that a habit of idleness does not belong to them. On the contrary, you have

to study, to think, to labor, as you have never done before. But while I urge the importance of an assiduous attention to the perfection of yourselves, as far as can be done in your medical studies, I would also call to mind your relations to the public, as conservators of its general welfare, and your obligations to correct these evils, so far as you may, by your personal influence and scientific acquirements. This should be done by lending a liberal support to every reasonable effort for the education of the masses. Let the crude theories of men be met by the abundant and overwhelming facts at your command. The weapons of a true science are all powerful upon the understanding, if you have the skill to handle them well. Ignorance and prejudice may for a time baffle you, but remove these by a liberal education, and the work is then easy with the aid of time. I do not mean, however, simply a general education, as is commonly understood in the popular use of the term, but in addition to that, the introduction into all our institutions of learning, of such a course of study in the elementary branches of medicine, as shall give a clear insight into some of its great fundamental principles. It has been said: "The proper study of mankind is man," and I suppose few will attempt to controvert the abstract proposition. Still, in the scheme for the instruction of the rising generation, but little advancement has been made towards the attainment of this end. All the efforts thus far are of the most superficial character. Speaking for myself, then, I may express the belief that the establishment of professorships of Anatomy and Physiology in every college and school, of such importance as to warrant it, when aided by a spirit of liberality on the part of the members of our profession, will do more than any other plan yet presented for our consideration.

I have not time to discuss the subject farther here, nor is it appropriate that I should, but this I may say, before dismissing it, that I trust you will ever be found prompt supporters of every effort in this direction, on account of the reactionary benefits accruing to yourselves, should no higher considerations move you to the performance of them.

So, in matters of public policy, of religion, of morality, law and order, and public sanitary relations, you may do much towards winning the confidence of your respective communities by a disinterested benevolence, and thereby control or guide them when under the specious influences of flippant so-called advocates of progression. Look not for immediate reward at the hands of others, for all you may do in matters of this kind, for it may never come. The greater consideration of having faithfully carried out the behests of an enlightened understanding of the duties of a modern physician should be sufficient. No groveling idea that all you do is to redound to selfish purposes should be entertained, for these are the lowest motives that can actuate men, and when carried out, have a tendency to narrow the mind, to make bigots, and render one odious in the extreme to nearly all classes of community. You live in an age when medical science, as well as all others, is making rapid strides in the direction of a true progress towards the greatest ulterior results. The whole medical world is busy with its investigations of the laws of life, in health and disease, and the brightest intellects of your cotemporaries are pursuing with undiminished zeal, the pathway leading to a more complete understanding of the great problems involved in the birth, growth and death of their fellow creatures. So, too, you stand before the gaze of an intelligent public, whose Argus eyes will be quite as likely to discover your foibles and weaknesses as you can well imagine, and by their multiple vision, magnify each indescretion to the extent that you will scarcely be able to recognize the original. In all things, then, let your light so shine before men, that the sharpest professional competition, and the severest public scrutiny may not find you wanting in those qualities of mind and heart, of zeal and steadfastness of purpose, of courage, and a determination to succeed in life, which every one must possess in this age of the world, would he aspire to pre-eminence among his associates, and hold securely the confidence and respect of high minded and intelligent men; and at the same time, assure to himself a reasonable compensation for his personal sacrifices and privations.

What I have said thus far has been for the purpose of inspiring confidence in your own ability, and in the resources of your profession, to meet and overcome all obstacles standing in your pathway, leading to eminence and wealth, while you are elevating the standard of medicine, and benefitting those with whom you associate. Let it not, however, inculcate a spirit of professional pride and bigotry. These are the poorest foundations for preferment, that you could well have—indeed, in most instances, they become positively offensive. They are directly at variance with that respect for your vocation and its duties, and that admiration for those great principles involved in the practice of the science and art of medicine, which I would have the main-spring of your thoughts. Much more might be said upon this subject, but time forbids. It remains for me only to take a more formal leave and bid you farewell. Go hence, remembering that we feel a deep interest in your prosperity or adversity, if fortune shall have such in store, and that we have committed to your keeping, to some extent, the well being of your Alma Mater. May long life and its choicest blessings be yours, and the rich reward of an approving conscience attend the closing acts of your lives.

NOTES OF SURGICAL CASES.

BY E. ANDREWS, M. D.,
Prof. of Surgery in the Medical Department of Lind University.

Terrible Neuralgia of the face, cured by excision of a portion of the infra-orbital nerve.

This case is the same one alluded to in the report of a clinical lecture, given in the Examiner of last month. The patient for several years had been the victim of terrible suffering from neuralgia in all those branches of the superior maxilary nerve which come through the infra-orbital canal. No other twigs being affected, I judged that the foramen was the seat of difficulty. Wishing to use mild measures first, I injected beneath the skin a half grain of morphine in solution, in the manner recommended in certain French publications.

This measure which I have often found surprizingly beneficial, had but a slight influence in this case, and as the patient's life was an intolerable burden in his present condition, I determined to relieve him by excising a portion of the nerve *behind the infra-orbital foramen.*

For this purpose the patient was anæsthetized, and I raised the cheek by dissecting up a semilunar flap as high as the edge of the orbit, exposing the nerve at its exit from the foramen. I then applied the trephine with its upper edge just below the foramen, and taking out a button of bone laid open the antrum. It was now easy to trace the infra-orbital canal backwards by a slight ridge odservable on the roof of the antrum. Commencing at the foramen anteriorly with gouge forceps first, and more delicate instruments as I proceeded backward, I easily broke down the floor of the infra-orbital canal, and traced the nerve back into the cavity of the orbit. Then dislodging it from its groove, I took a pair of small blunt pointed scissors and cut it off as far within the orbit as I could safely reach, taking away about an inch and a quarter of its trunk. The flap was then laid down and secured by sutures, except a small space at the lower edge, which was left open for the escape of pus.

On awaking from the influence of ether, the patient found the character of his pain changed from the shooting neuralgic torture to the steady aching of a surgical injury. This gradually subsided, and by the fourth day he was free from suffering, and on the tenth day was discharged apparently cured.

The want of permanency in the cures obtained by excising portions of nerves, has been heretofore a discouraging feature in such operations. I think, however, that we are now in a condition to understand the matter more thoroughly than before, and to avoid the errors which cause the failure.

A large portion of the operations heretofore have been made in the *wrong places*, namely—on the *distal* instead of the *proximal* side of the seat of the disease. *The seat of disease in old facial neuralgias is generally at some bony notch or foramen through which the nerve passes*, and not at the surfaces of distribution to which the patient refers the sensation. Probably

the nerve is pressed upon by some slight constriction of the foramen or swelling of its contents. Now this fact has been greatly overlooked and even the eminent and judicious Prof. Gross, in his new work on surgery, absurdly suggests the cutting of the maxilary nerves *just outside* of their foramina of exit. Other distinguished writers make the same mistake, and many operations have been performed in consequence, at the wrong place. If the excision cannot be made on the proximal side of the seat of disease the operation of course is a failure. Prof. Carnochan, who reports a greater success than any other man, even goes through the back wall of the antrum in neuralgias of the superior maxilary, and takes out Meckel's ganglion. This, however, is probably unnecessary when the point of trouble is in the infra orbital canal, but would be requisite if the palatine nerve were affected.

Finally, there are cases where no useful operation is possible. Those in which the seat of disease is the foramen rotundum or the foramen ovale, of course are incurable by surgical means, because no section can be made within those openings. The diagnosis must be made out by carefully observing the area over which the pain is felt and studying the origin and course of the branches of the 5th nerve supplying the part. If the nerve is affected at a particular point only, all the branches beyond that point will suffer, and all others will be comparatively free from pain. By thus carefully investigating the cases, I am confident that many can be selected in whom operation will effect permanent cures.

DIPHTHERIA,

Its Nature and Treatment.

BY C. W. DAVIS, M. D., OF INDIANOLA, IOWA.

I have noticed several articles in the "Chicago Medical Examiner," other medical periodicals, and the usual Newspaper "Squibs," on the subject of *Diphtheria.* Having had a considerable amount of experience in the management of this

disease with almost uniform success, I thought it would not be amiss, to give you (and if you see proper) to the readers of the "Examiner"—a statement as to the nature and treatment of this affection, so far as my humble opinion and experience go. In the spring of 1859, I was called to visit, in consultation, a case, the messenger said dying of croup. The patient was a boy between five and six years of age, had been sick some ten days, and at the time I saw him was laboring under all the phenomena of the last stage of croup. Frequent stridulous breathing, great anxiety, and restlessness—pulse over 140 with much thirst. I remarked to the attending physician, that I thought the boy would die in a short time, as I considered him laboring under infiltration into the cellular membrane of the Glottis—and that emetics would do no good. Tracheotomy would be the only resource, and that very doubtful. I was induced, however, to examine the fauces and throat, and there found several patches of ulceration—with a heavy black albuminous exudation—lining the entire throat, so far as I could discover. I immediately made a saturated solution of the sulphate of Zinc—adding some 30 drops of Elixir Vitriol to the ʒ. Armed with a spoon (to compess the tongue,) and "swab" saturated with the solution, I prepared to swab out the throat. Introducing the spoon handle far enough back, the patient was forced to "gag." I immediately applied to the ulcerated portions of the throat, the swab, and was rewarded by bringing out with the instrument a large quantity of stiff, tenacious, and tough membrane, as well as a decided improvement in the patient's breathing. I will here say that I have used the solution of sulphate of Zinc in the various forms of Stomatitis, with marked benefit. Nitrate of Silver being less efficient, forming with albumen "the albuminate of Silver," and thereby becoming inert. I placed the patient on equal quantities of the Tinct's of Veratrum and Gelseminum, commencing with 4 drops, increasing 2 drops at a time, until the medicine produced its specific effect on the vascular and nervous system.

The bowels being in a constipated condition, and a want of tonicity of the mucous vessels, I gave alternately, powders

composed of Quinine, Hyd. cum Creta, with a small quantity of Podophyllin until the bowels were freely evacuated, and then substituted for the Podophyllin, camphorated Dover's powder, made by adding the same quantity of powdered camphor as of opium and ipecac, in the old formula for making Dovers' powder. I ordered the throat to be swabbed out every two or three hours, with the Zinc solution, using at the same time cayenne peper liniment, composed of equal quantities of sweet oil, aqua ammonia, and turpentine with cayenne pepper in powder, to be applied freely to the external throat. On my next visit I found the patient decidedly better; pulse sixty-five per minute, respiration easy, ulcerations of throat more healthy, no albuminous exudation to be seen. By this course of treatment the patient recovered in a few days. There were several other members of the family laboring under Diphtheritic sore throat. The local applications of the Zinc solution and Liniment, soon cured them up. This form of stomatitis is attended with no particular febrile disturbance until the larynx and respiratory organs become affected. It is then, or rather it was then that the physician was first called. Should there be an impoverished condition of the fluids, general cachexy, the patient almost invariably dies of Oedema Glottidis—the tendency of Diphtheria if too long neglected. Since the Diptheritic "rage" I have made a great many useless visits, being called to see children with "cracked lips," "red gums," &c; their anxious parents supposing it to be Diphtheria. But this is all well enough, I have known this disease to run to a fatal issue, without the patient being bedfast more than two hours. The saturated solution of the *Super-Sulphate* of Zinc and cayenne pepper liniment, as topical applications with quinine and veratrum as a tonico-sedative will prove successful in a majority of cases, say eight out of ten.

CLINIC OF PROF. DAVIS IN THE MERCY HOSPITAL.

Reported by F. S. C. Grayston, Member of Senior Class Med. Department of Lind University.

Diphtheria.—On entering the ward, Prof. Davis remarked, in substance, as follows:

The patient before you, gentlemen, is a little boy, aged about three years. He has been sick two days. You see his face slightly flushed; his lips look dry; his skin is dry and moderately hot; his pulse 110 per minute, but soft; you see a fullness or swelling behind the angle of the jaw on both sides, and a little down the neck, which, by the touch, you find occasioned by enlargement and induration of the tonsils, and some of the lymphatic glands; and on opening the mouth, you see the tongue covered with a white fur, the tonsils much swollen, and covered with particles of a white membranous exudation, and the mucous membrane of the whole interior fauces red and swollen.

The breath is moderately offensive; the nostrils partially obstructed by swelling of the schneiderian membrane; deglutition is somewhat difficult and painful; the urine scanty; and the fecal evacuations nearly normal. These symptoms indicate a case of Diphtheria, of about the average degree of severity. You readily recognize the close resemblance of this case to one your attention was called to, briefly, two or three days since, and which still occupies the adjoining bed. In that case, the fever was, at first, more active, the pulse more full, and the face more flushed. But there was the same swelling of the tonsils and glands behind the angle of the jaw, the same inflammation of the mucous membrane of the fauces, with a white membranous exudation over the greater part of the surface, which serve to distinguish Diphtheria, from ordinary inflammation of the tonsils and mucous membrane of the fauces.

Many have supposed that Diphtheria was a new form of disease, with which the profession was entirely unacquainted until within the last four or five years. This error, doubtless originated from the general adoption of a new name.

Until a very recent period, nearly all the inflammatory affections of the fauces, pharynx, larynx and trachea, were described under the general name *angina.* Hence, the terms catarrhal angina, suffocative angina, putrid angina, &c., are familiar to those who peruse the medical writings of half, or even of a quarter of a century since. Under some of these designations, Dr. Samuel Bard, and others, more than half a century since, described the present disease with almost as much minuteness and accuracy as any of the writers of the present day.

The word *Diphtheria*, was first used by certain French writers to designate all that class of anginose affections, that were accompanied by a fibrous or membranous exudation upon the surface of the mucous membrane. From this, the word Diphtheria has been applied particularly to the disease before us, and passed fully into popular use.

Causes.—In relation to the causes of Diphtheria, the lecturer stated that we knew but very little. It has prevailed at all seasons of the year; on almost every variety of soil and geological formation; in populous cities and rural districts; and in every degree of severity, from the mildest sporadic cases to the most malignant and fatal epidemic. To say that it originates from some epidemic condition of the atmosphere, is only another mode of confessing our ignorance; for we know nothing concerning the nature of such *epidemic* condition. Many regard the disease as contagious, and consequently produced by a specific poison. Without pretending either to affirm or deny the existence of contagiousness, we must say, that although the disease has been moderately prevalent in this city for eighteen months past, yet we have not seen any adequate evidence of its propagation by contagion. True, we have seen two, three, and four children attacked with it in quick succession in the same family; but in very many other families we have seen a single child attacked, in the midst of three or four others, all of whom escaped without a symptom of the disease. The very child before us, is from the adjoining orphan asylum where 40 or 50 children were fully exposed to

the disease more than two weeks since, and yet up to the present time only three have been attacked.

Symptoms.—The lecturer remarked that the symptoms already pointed out in the patient before us, very correctly represented the great majority of cases of Diphtheria in the early part of their progress. In some, however, the symptoms are more mild, there being very little febrile excitement, no swelling of the lymphatic glands, and only a superficial inflammation of the fauces with a few spots of diphtheritic exudation. On the other hand, some cases occur, in which the febrile symptoms are severe; the glands of the neck and throat swell rapidly; while the surface of the mucous membrane of the fauces, pharynx, &c., become so rapidly covered with a thick, tenacious, layer of false membrane, that suffocation may ensue in a few hours. In the great majority of cases, there is decided febrile action. The pulse, however, is rarely *firm* under the finger, it is for the most part, quick, sharp, and *compressible*; the skin is dry, the urine scanty, (sometimes none for 24 hours,) with little or no thirst; while a remarkable degree of prostration is noticed early in the progress of the disease. Still in this particular, (as in all others,) there is considerable difference, some cases present throughout their entire course all the symptoms of a *stenic* disease; whilst the great majority, (eight out of every ten) present the typhoid form of symptoms, the pulse being *soft* and *yielding*, countenance pale, respiration slow, and mental faculties dull. The local symptoms, though varying much in intensity, show certain tendencies with much uniformity. In almost all instances, after the first three or four days, the breath is offensive, the saliva abundant, and a thin sanious discharge takes place from the nostrils. A little later, the membranous exudation in the fauces will be found breaking up and disappearing in matter expectorated, the latter being muco-purulent with shreds of white fibrous matter. In cases progressing favorably, the redness and tumefaction of parts within the fauces diminish, deglutition is easier, the breathing less noisy, and the external glandular swellings slowly disappear. In less favorable cases, as the membranous exudation becomes detached, extensive superficial ulcerations

are found in the fauces, keeping up an abundant and offensive muco-purulent secretion; while the same supurative process extends to the schneiderian membrane, causing the nostrils to be obstructed with the same kind of secretion.

In cases still more severe, instead of superficial ulcerations, deep gangrenous sloughs form, in the tonsils and different parts of the soft palate; the breath emits a putrid odor; deglutition is nearly or quite suspended; and the general symptoms become profoundly typhoid. When the local inflammation extends into the larynx, we have added, the characteristic cough and breathing of croup. This may take place at the commencement of the disease, or it may supervene at any subsequent period, even after the inflammation in the fauces has began to improve.

Pathology.—In regard to the nature or special Pathology of Diphtheria, we would state briefly, that it is a general disease involving, both an altered condition of the properties of the solids and the composition of the fluids, of the body; with a special tendency to develop certain local inflammations in the course of its progress. That the quality of the blood and the vital affinity of the organized textures throughout the body, are altered, is clearly proved by those cases in which false membrane or fibrinous exudations appear on abraded surfaces in different parts of the body. It is but a few weeks since, that we saw a young man with a diphtheritic membrane firmly adherent to the exterior middle part of the upper lip. Near the same time, a patient from whose axilla a tumor had been extirpated, and the wound had rapidly filled up with healthy granulations, was attacked with the ordinary symptoms of Diphtheria in a mild form, and within twenty-four hours, the whole surface of the wound was covered with a thick layer of false membrane. In two or three days this was broken up and detached, but the healthy granulations had also disappeared, and a thin sero-purulent, offensive discharge continued for several days. These facts with many others of similar nature, to be found on record, show plainly, that the disease is by no means local, but that it involves a Pathological condition of the solids and fluids generally. But what is

this pathological condition? From much observation at the bed-side as well as a careful study of what has been written on the subject, I am satisfied that the general pathological condition, consists in such an alteration of vital affinity, or the relation of the blood to the secreting structures, that the latter fail to eliminate the normal amount of effete nitrogenous matter derived from the metromorphosis of the tissues. Hence, fibrinous material rapidly accumulates in the blood and becomes effused in the form of a false membrane, upon every inflamed or abraded surface. This accumulation of effete matter further degenerates the blood, and aids to induce that early tendency to prostration, with irritation and fœtid secretions which have been noticed by almost all writers on the subject. The fœtid breath, the dry skin, the scanty urine, and the large proportion of cases in which the latter has been found albuminous, all corroborate this view. While such is the general pathological condition of the system, there is a special tendency to local inflammation of the fauces, pharynx, larynx, and lymphatic glands of the neck. As might be expected from the condition of the blood, already described, whenever inflammation occurs in a membrane, its surface first becomes coated with a white fibrinous exudation, followed by a disposition to ulceration or gangrene; and the inflamed glands become early infiltrated with the same caco-plastic or fibrinous material, causing swelling and induration, which disappear very slowly during the subsequent convalesence.

Prognosis.—The mortality from Diphtheria varies much in different seasons and different localities. In this respect, it bears a close analogy to Scarlatina.

Some cases are so mild as to require no other care than proper hygienic regulations, while others are so severe as to reach a fatal result in two or three days. As the disease has prevailed in this city during the last eighteen months, and directly within the circle of my own practice, the ratio of mortality has been *one* in twenty-five. We think there are three methods by which Diphtheria may reach a fatal result. The first, appears to consist in so profound an alteration of the blood and properties of the solids, that the capillary circulation

rapidly fails; the mind drowsy and lethargic; the urine very scanty; and the inflamed parts of the throat gangrenous. In this class of cases, death often takes place during the first week after the attack.

In the second class of fatal cases, the fever is more active, the sensibilities more acute, while the inflammation in the fauces and glands, is more intense. But when the diphtheritic exudation begins to be thrown off, the parts are found extensively ulcerated. The same process extends to the nasal passages, and sometimes to the ears, causing copious muco purulent and fœtid discharges from all these parts. The glands remain swollen and indurated. The patient rapidly looses flesh and strength; and during the latter part of the second week, diarrhœa supervenes and the patient dies asthenic. The third mode of reaching a fatal result, is by the extension of the local inflammation to the mucous membrane of the larynx, trachea, and sometimes, bronchial tubes.

In some of the cases belonging to this class, inflammation and the formation of the false membrane, occur in the larynx, at the very commencement of the disease, causing at the outset, characteristic cough and breathing of croup. In such suffocation sometimes ensues with twenty-four or forty eight hours. In other cases of this class, the laryngial or croupy symptoms do not occur until from five to ten days after the commencement of the disease. Then the cough suddenly becomes croupy, the voice suppressed, the respiration difficult, and suffocation ensues more from œdematous infiltration into the sub-mucous cellular tissue of the glottis than from the formation of false membrane. Two of the four fatal cases that have occurred in my own practice during the past year, died in this manner.

A third, was the case of an adult lady, in whom the pseudo-membranous inflammation early extended to the whole bronchial mucous membrane. A knowledge of these different modes of reaching a fatal result, and a correct appreciation of the tendency of each individual case, is of much practical importance; as it will enable you to so guide your treatment so

as to more fully counteract the unfavorable tendencies, and thereby conduct the case to a favorable termination.

Treatment.—The lecturer remarked, that so large a part of the clinic hour had passed, that he would not even allude to the various methods of treatment, which had been recommended by writers and practitioners, but would detail, as briefly as possible, his own views on the subject. From the views already presented concerning the pathology of the disease, we may deduce three rational indications for treatment. First, to preserve the properties of the blood and tissues from degeneration or impairment. Second, to promote elimination, especially from the skin and kidneys. Third, to relieve the local inflammation in the throat and adjacent parts. For fulfilling the first indication, we are in the habit of relying on the use of the chlorates of Potassa and Soda, Sulphate of Quinine, and Tincture of Chloride of Iron. To meet the second indication, we use Nitrous Ether and Tinc. Verat. Viride, Dover's Powder and Calomel, or Dover's Powder and Camphor, according to the activity of the fever and the stage of the disease. In the case before us, we shall endeavor to meet both these indications by the two following prescriptions, viz:

℞ Chlorate of Potassa, ʒ jj.
Hydrochloric Acid fl. ʒ ss.
Water, ℥ jjj.

Mix, and give a tea-spoontul in half a table-spoonful of sweetened water every four hours.

℞ Sulph. Quinine, 6 grs.
Pulv. Doveri, 6 grs.

Mix, divide into six powders, and give one every four hours, half way between the doses of the Chlorate Solution. To combat the local inflammation, in those cases presenting much tumefaction of the tonsils and other glands of the neck, we direct for the first twenty-four hours, the constant application of cloths wet in an infusion of Aconite Leaves and Muriate of Ammonia; after this we have the neck and parotid region wet every three hours with the following liniment, viz:

℞ Ol. Olive, ℥ jj.
Ol. Terebinth, ʒ ss.
Chloroform, ʒ ss.

Mix.

This liniment we shall direct to be used for the little patient before us. We shall make no local application either by sponge or pencil to fauces. Our experience has satisfied us that in all the milder cases, especially in young children, the irritation produced by the application of strong solutions of Nitrate of Silver, Sulphate of Copper, Tincture of Iron, &c., &c., by forcing a sponge into the throat, does more harm than good. Swallowing the acidulated solution of Chlorate of Potassa every two or three hours produces a better effect on the throat than the stronger applications. In the second stage of the more severe cases, when the throat is much obstructed by false membrane or tenacious mucous, we prefer the application once a day of a solution of Iodine, Sulph. Zinc, or Sulph. Copper, made carefully with the finest quality of sponge or a camel hair pencil. It is only in the more decidedly active class of cases, and only during the first two days that we use arterial sedatives or alterative doses of mercurials. If the cases prove protracted, and typhoid symptoms predominate, we rely mostly on a combination of Quinine, Pulv. Doveri and G. Camphor, alternated with Tinc. Ferri Chloridi; and nourishment. We also continue to give the Solution of Chlorate of Potassa or Soda, partly for the local effect on the throat, and also to increase the capacity of the blood for the absorption of oxygen.

In those cases of Diphtheria in which the inflammation attacks the Larynx, indicating the ordinary symptoms of croup, we pursue the same course of treatment in all respects, with the addition of an emetic at suitable intervals. When the Laryngeal or croupy symptoms appear with the commencement of the attack, we loose no time in giving from 3 to 5 grains of the Sub-Sulphate of Mercury, and repeating in thirty minutes if the first does not produce free vomiting. We have met with three or four well marked cases, in which this checked the laryngial symptoms at once, and they subsequently progressed to a favorable termination like ordinary cases of Diphtheria. In some other cases we have been obliged to repeat the emetic doses of the Sub Sulphate of Mercury, in from four to six hours during the whole of the first two days, and yet have reached a favorable result.

When the laryngeal symptoms supervene, after the Diphtheritic disease has existed from five to ten days, there is much more danger of suffocation from infiltration into the sub-mucous cellular tissue, constituting œdema of the glottis, than from false-membrane. In such cases, we have thought the Pulv. Alum, as recommended by Dr. Meigs in croup, the best emetic; while the oxygenation of the blood and the tone of the capillary vessels must be sustained by the constant use of the chlorates and Tinc. Ferri. Chloridi, with suitable nourishment. A few words in regard to the sequalæ of Diphtheria. Impoverishment of the blood; chronic suppurative inflammation in the lining membrane of the nostrils, external ears, and glands of the neck; are observed during convalesence from this disease, much as they are after scarlatina. And they may be treated in the same manner. But there is another affection of a singular nature which has been observed to accompany and follow attacks of Diphtheria. We allude to paralysis of the muscles concerned in deglutition. It is generally first noticed immediately after convalescence, though we have seen some cases in which it evidently existed during all the latter stage of the disease. It is indicated by a relaxed and pendulous condition of the uvula and soft palate; by the latter falling backward and causing snoring and obstructed breathing when the patient sleeps; by awkwardness of swallowing and frequent regurgitation of liquids through the nostrils; and by aphonia or a peculiar nasal tone to the voice. In two cases that have come under our observation, the paralysis was so complete that deglutition was entirely suspended, although the diphtheritic disease had disappeared and there were no traces of inflammation or ulceration left in the fauces or pharynx. These patients were sustained for several days solely by nutritious injections, consisting of milk and beef-tea. The remedy on which we principally rely for the removal of this paralysis, is Strychnine and Iron, as in the following formula, viz:

℞ Strychnine, 1 gr.
Citrate of Iron, ʒj.
Citric Acid, ʒj.
Water. ℥jj. Mix.

The dose must be suited to the age of the patient, and may vary from ten drops to a tea-spoonful, given in sweetened water. When the patient cannot swallow, we give the same medicine, in twice the above doses, per rectum along with the nutritive enemas. The dose should be repeated in from four to six hours, and the remedy continued until the paralysis is removed. In all such cases, a nutritious diet, and exposure to fresh pure air should be given to the patient to as great an extent as practicable.

CHICAGO ACADEMY OF MEDICAL SCIENCE.

The regular monthly meeting of the Academy was held at its rooms this evening. The President Dr. Bloodgood in the chair. After the reading of the minutes of the last meeting, the President appointed the following committees in accordance with Art. VI. Sec. I. (revised,) of the constitution:

Anatomy and Physiology, Dr E. Powell,
Surgery, Prof. J. W. Freer, M. D.
Theory and Practice, Dr. A. Fisher,
Obstetrics, and Diseases of Women, Dr. O. Smith,
Chemistry and Meteria Medica, Dr J. H. Rauch,
Public Health, Prof. N. S. Davis, M. D.
Pathology and Histology, Prof. J. H. Hollister, M. D.

Dr. R. C. Hamil read an interesting report of a case of inversio uteri. The labor was conducted with comparatively little difficulty, although there was a slight antero-posterior contraction of the pelvis. For a couple of hours before the birth of the child, five or six drops of chloroform were administered from time to time on account of nervous excitement. Ten or fifteen minutes after the expulsion of the child, a violent pain seized the patient, which was immediately followed by the delivery of the placenta. An alarming loss of blood with great prostration ensued. On examination, the uterus was

found inverted. Fortunately, after some efforts the organ was replaced; although there were subsequent symptoms of metritis, they were relieved by quinine, Veratrum Viride and Hyoscyamus, and the patient soon recovered perfect health. It should be observed that no force was applied to the cord in the delivery of the placenta.

Dr. H. N. Hurlbut reported orally a case in which he was recently called to a patient, married, aged about 40 years, suffering from violent hemorrhage and prostration. On examination he found the uterus inverted and presenting evident post-partum appearances. He reduced the organ readily, and the patient recovered without unfavorable symptoms. No child or placenta was any where observed, and no satisfactory account of the case could be obtained from the family.

Dr. Bevan related the following case to show the length of time which the lifeless fœtus may remain in the uterus. The patient aged 35, in the fifth or sixth month of pregnancy, stated that the motions of the child had suddenly ceased in consequence of injury received in a quarrel followed by violent exercise. No fœtal pulsations could be heard, and no motions could be induced either by pressure or by the application of cold to the abdomen. In three weeks the woman was delivered of a fœtus in a state of decomposition. No blood passed from the uterus and vagina except in the form of dark decomposed clots.

The subject of Pneumonia, assigned at the last meeting, was discussed at some length by Drs. O. Smith, Johnson, Heydock, Fisher, Davis, Wickersham, Bevan, Hamil, Andrews, McAllister and Bloodgood.

Subject for discussion at the next meeting: The diagnosis of cerebral diseases of children. Adjourned.

E. L. HOLMES, *Secretary.*

Chicago, February 1st, 1861.

ABSTRACT OF THE PROCEEDINGS OF THE WILL CO. MEDICAL SOCIETY.

The Society met agreeably to order at two o'clock P. M. of Wednesday, Feb. 13th, 1861, in the office of Dr. F. K. Bailey, Joliet. Dr. Bailey President in the chair.

The following gentlemen were elected officers for the ensuing year.

President, Dr. A. W. Heise, Vice President, Dr. E. K. Willard, Secretary, Dr. G. S. Thomas.

Drs. F. K. Bailey, P. B. McKay, and M. J. Johnson, were elected censors. The following are at present members of the Society:

Dr. W. Danforth, Joliet,
Dr. J. R. Casey, Joliet,
Dr. F. K. Bailey, Joliet,
Dr. A. W. Heise, Joliet,
Dr. G. S. Thomas, Joliet,
Dr. E. K. Willard, Wilmington,
Dr. P. B. McKay, Wilmington,
Dr. S. M. Abbott, Wilmington,
Dr. A. W. Bowen, Wilmington,
Dr. O. Corbin, Wilmington,
Prof. A. S. McArthur, (Lind University,) Joliet,
Dr. J. F. Daggett, Lockport,
Dr. H. Folke, Milton,
Dr. M. J. Johnson, Wilmington,
Dr. E. H. Story, Wilmington.

Dr. A. W. Heise read an interesting paper upon Placenta Prævia, which was listened to with much pleasure by all present. Dr. P. B. McKay was appointed to read an Essay before the Society, at the next meeting. On motion, adjourned to meet at one o'clock, Wednesday, P. M., March 13th, at the office of Dr. E. K. Willard, in Wilmington.

G. S. THOMAS, *Secy.*

A. W. HEISE, *Pres.*

CHICAGO MEDICAL SOCIETY.

The regular monthly meeting of this Society, was held in their room on the 16th, March, 1861. Dr. O. Smith, President in the chair. Is the internal use of Mercurials always injurious in Scrofula? Dr. E. Andrews opened the discussion on this question, by making a distinction between the scrofulous constitution or diathesis, and the local developments connected with it. Remedies that might be beneficial or even necessary for some of the latter, might not be indicated by the former. He presumed, however, that the question referred more particularly to the use of mercury in the scrofulous constitution. He defined such constitution to consist in a peculiar delicacy of structures, with deficient tone or strength, and a special tendency to the formation of caso-plastic deposits. The preparations of Mercury are supposed to diminish the plasticity of the blood, and thereby enfeeble nutrition. Hence, they are generally regarded as injurious to those possessing a scrofulous diathesis. This, however, in his opinion did not in all cases forbid the use of mercurials in the treatment of local inflammations, occurring in such subjects. They might be necessary, and promptly beneficial, in the treatment of inflammation of the internal structures of the eye, even in scrofulous constitutions; but in such cases he would deem it necessary to be more cautious, about the long continued or excessive use of this class ef remedies.

Dr. E. L. Holmes, regarded the use of Mercurials, in a cautious and proper manner, not only as admissable, but as beneficial, in many cases of scrofulous Ophthalmia of children. He had often used, in such cases, the Hydrarg. Cum Creta, and small doses of the Bichloride Hydrarg. in connection with tonics, and without any immediate or remote effects of an injurious character.

Dr. S. Wickersham, inquired whether the use of mercurials in the treatment of scrofulous inflammations in children, did not increase the danger of the formation of tubercular deposits at a subsequent period. He thought he had seen cases, in which scrofulous enlargements of the external lymphatic

glands had disappeared under the use of mercurials, and the same patients were not long afterwards manifesting signs of pulmonary tuberculosis. He entertained doubts whether mercurials could be used in any case of scrofula, without injurious effects, either present or future.

The discussion was furthercontinued, by Drs. C. G. Smith, N. S. Davis, and O. Smith.

Dr. A. Fisher, read an interesting paper on strangulated hernia. Two cases were detailed, one of which was of peculiar interest; but as the paper will be published entire in our next number, we will not attempt an analysis of it here.

SELECTIONS.

Clinical Remarks on Sciatic Neuralgia, with a Case. Delivered at the Pennsylvania Hospital, Jan. 16th, 1861. By JOSEPH PANCOAST, M D., *attending Surgeon; Professor of Anatomy in Jefferson Medical College.*

The case before us is one of sciatic neuralgia in an adult male, which the patient attributes to his lifting a heavy stove. If this be the case, it must have been from the immense pressure of the abdominal muscles and the diaphragm, acting together, in the violent effort of lifting, and squeezing all the viscera between them, and thus pressing upon the sciatic plexus of nerves where it passes out at the upper sciatic notch.

Cases of sciatic neuralgia are always difficult to cure. Their causes are various; sometimes it depends upon a growth of bone, a little exostosis pressing upon some one of the branches of the great sciatic plexus of nerves, while at other times, as in neuralgia of other parts, it depends upon an inflammation of the neurilemma of the nerve itself.

Dr. Physic believed that, in these cases, an effusion of serum occurred in the sheath; but this has not yet been revealed by anatomical observation.

Very many cases of sciatica may be traced to mechanical causes of pressure. Whenever patients complain of excruciating pains down the leg, and at the same time in the back, so that the course of the sciatic nerve can be traced out, the difficulty will very frequently be found to depend upon the

accumulation of fæces in the colon or in the rectum, pressing upod the branches of the sciatic nerve, and of course, in these cases, a cure may often be aftected in twenty-four hours by a thorough purge of one or two drops of Croton oil, with four grains of rhubarb.

Sometimes, however, in obstinate cases of sciatica, even after death, it is impossible to find any real physical cause for the suffering. It seems, then, to be often owing to a derangement of the whole nervous system.

As the pathology is obscure in these cases, the treatment is more or less empirical. The patient before us has been suffering for thirteen months, six of which have been passed in the hospital; various plans of relief have been instituted without the slightest advantage. He walks with pain and difficulty, using a cane and limping along. He has taken a dose of Croton oil; but, though causing free purgation, it has not benefited him. He complains of great pain along the peroneal nerve.

Where there is pain along a particular nerve, and limited to one spot, it is generally gouty, rheumatic, or syphilitic, as these diseases affect the fibrous tissues, which swell and compress the nerve.

If there be reason to suspect a syphilitic origin to the neuralgia, then the treatment would consist in giving mercury in the form of calomel, with a little James's powder and some morphia, until salivation is produced.

Neuralgia about the face is thus frequently relieved when dependent on syphilis, which is often the case, as the nervous branches are numerous, and pass through different foramina lined with periosteum, the slightest affection of which causes it to press upon the nerves in contact with it. In other cases, the neuralgia, especially that form known as *tic douleureux* arises from malaria. When it occurs from miasmata, it is cured by quinine, combined with morphia.

So little evidence of disease does this patient before us present, that there has been some suspicion that he feigned to be worse than was really the case, in order to retain his comfortable quarters for the winter; but this suspicion is probably groundless.

Various methods have been employed to procure relief, but without avail. Counter-irritation has been made in various ways; small blisters have been placed up and down the course

of the leg, which seem to have done more good than anything else. Sometimes large doses of the spirits of turpentine are given with very great advantage.

Many cases have been cured by touching a hot iron between the little toe and the toe next to it, until the part is sore. Malgaigne recommends touching the helix of the ear in the same manner. This, he says, will often produce an instantaneous cure from the general shock to the nervous system. So with other remedies.

In these cases it is necessory to examine the hip joint, to see whether there exists any sign of disease.

In some of these cases, the greatest benefit has been derived from acupuncturation, a practice which originated with the Chinese and Japanese.

Formerly, Dr. Pancoast was in the habit of passing needles through with great care, so as not to strike the nerve; now he prefers to run the needles directly through the nerve and pin it down upon the ischium.

The needles, should be inserted by rotation, separating the tissues, for they will not pass through the fibres, but separate them and pass between. A needle might be passed through a great vessel without doing damage, and through the heart without serious consequences. When an acupuncture needle is pasted through a nerve, it often gives rise to a feeling of heat or a glow of warmth through the part to which the nerve is distributed.

Dr. Pancoast has seen cases of neuralgia of the scalp in which death would have ensued, but from the adoption of this process, and he has passed as many as eighteen or twenty at one operation, driving the pins as far as possible into the bones of the scull, producing perfect relief in the course of a few minutes.

In the present case, the acupuncture needles were passed at small distances through the nerve into the periosteum covering the ischium, pinning the sciatic nerve to the tuberosity of the ischium. The needles are to be left in for some time.

January 23d. It is now certain that injustice was done the patient by the suspicion of feigning the disease. As he walks he presses the outer border of the foot upon the ground, raising the inner border, though, by a straining effort, he can succeed in bringing the inner border to the ground. This is owing to a neuralgic condition of the cutaneous nerves. The metatarsal bone of the little toe is pressed down upon the floor as he walks.

Since the acupuncturation he has had no pain about the sciatic notch; but otherwise he is not improved, and he walks no better than before.

When asked to point out the seat of pain, he traces up distinctly the cutaneous branch of the musculo-cutaneous nerve, a division of the peroneal in the ham going up to the head of the fibula.

There is no locality in the body where the neuropathic condition is more difficult to remove than in this branch, which winds around the head of the bone, and, passing sometimes underneath one of the peronei muscles, winding around the posterior portion of the exterior ankle bone, while another branch winds around the foot.

Perhaps it is to avoid the motion of these muscles that he walks with his foot on its outer border.

Dr. Pancoast has sometimes found neuralgia, involving this nerve, utterly beyond control. He has tried the hot iron, blisters, the endermic use of morphia and of strychnia, without much benefit, and it is not a nerve which we dare to divide, because such proceedure would be followed by paralysis of the peronei muscles, as well as of sensation of the outer margin of the foot; it would produce dropping of the toe, in this effect analagous to the musculo-spiral nerve of the arm.

It is proposed to try the effect of a number of moxas along the course of the sciatic nerve, and if benefit should result from this treatment, to keep up a succession of blisters.

The hot iron of Carrigan has already been applied, but without benefit.

Pressure over the sciatic notch produces no longer pain, though it made him wince, before he was subjected to acupuncturation.

The moax is preferable in this case to the hot iron, because it burns more slowly and thereby makes a longer and deeper impression.

A quantity of lint, wet with warm water, was laid about the part selected for the application of the moxas, in order to protect the surrounding skin from the scintillation.

The moxas employed were made of gun cotton which had been soaked in a solution of the chlorate of potash, and allowed to dry completely; the cotton being then rolled up into rounded masses and fastened in a cylindrical form by a piece of linen wrapt round them.

Moxas may be made of other material; they are made from the pith of the sun-flower plant; of pledgets of old linen; of

rotten wood completely dry and powdered and mixed with alcohol, rolling the mass into a cylindrical form, which was the favorite moxa of Baron Larry.

It was not desirable, in the present instance, to administer an anæsthetic, because, in order to judge of the impression made upon the nervous system by the application, it is necessary to retain the sensation of the patient.

Three moxas were applied along the course of the nerve; one where it winds around the ankle and the others higher on the limb. Immediately after the moxas had ceased burning, the parts around were washed with strong aqua ammonia as a contra-stimulus.

The day following the application of the moxas, the man was able to walk about the ward with very little difficulty and considered himself almost well. The day after, however, he began to relapse a little, and the next day he did not appear to walk much better than he did before the moxas were applied, though he places the foot more firmly on the ground.

His condition is much better in the morning than later in the day.

There is no local specific disease in these cases. It is a general affection of the nervous system, which manifests itself in some particular nerve. It is quite different from the sciatica, which sometimes comes from some affection of the neurilemma of the nerve, or from syphilitic or other disease of the periosteum, which causes pressure upon the nerve.

When the hot iron is applied in these cases, as recommended by Malgaigne, it is not with the hope of benefit from the local effects of the remedy, but it is with the hope that the shock produced upon the whole mass of the nervous system will produce relief.

The patient has had no return of the pain about the sciatic notch, or at the lower part of the limb; but it still remains about the femoral portion of the sciatic nerve, to which some more moxas will be applied.—*Med. and Surg. Reporter.*

Clinical Remarks on Acute Articular Rheumatism at the Pennsylvania Hospital, February 13, 1861. By FRANCIS G. SMITH, M. D., *Attending Physician.*

John Eulen, a native of Belgium, two years and a half a resident of this country, has been sick for seventeen days with acute articular rheumatism.

In presenting the case to the class Dr. Smith made the following remarks: When I took charge of the wards, on the first of the month, I found this man sick in bed with acute articular rheumatism. He was attacked about a week before I came on duty with fever, hot skin, profuse perspiration, pain and heat in the joints, but had no diarrhœa. He presented, in other words, well-marked symptoms of rheumatic fever, with articular implication. There was presented that peculiar, flushed look often seen in acute articular rheumatism; the surface was perspiring, emitting the peculiar acid smell; the pulse was full and tense; he had pain on moving the joints, which is characteristic of this disease. As you see him now these symptoms have disappeared entirely, so that he can walk without pain, sleep without being disturbed, and considers himself well. This is a disease constantly met with. Perhaps no disease falls more frequently under the observation of the physician than acute rheumatism, whether it presents itself in the form of rheumatic fever, or whether complicated with articular affections. It will not be out of place, therefore, to express some views in regard to its pathology, and also in regard to what has been a successful plan of treatment.

In the first place, what is the pathology of this disease, and upon what does it depend?

Is it purely a local disease manifested in inflammation of certain joints, or does it depend on the existence of a poison in the blood?

Gout, we know, depends on the existence in the blood of lithic acid, which results from the retrograde metamorphosis of the products of animal food introduced into the system over and above its wants. Those who indulge in the pleasures of the table, eat largely of animal food, and take but little exercise, take into their body more nutritive material than is necessary to make up for the wear and tear continuously going on in the system. If a man eats a large quantity of animal food, and takes sufficient exercise to burn up all the excess, he will probably escape disease; but, if in connection with luxurious living, he leads an indolent life, and takes an insufficient amount of oxygen into his system, that food will undergo changes in its backward progress into creatine, creatinine, uric acid, urea.

These changes require the introduction of oxygen into the blood,—in other words, a certain amount of combustion must take place for their production; if, therefore, a man takes exercise sufficient to carry on all these retrograde metamorphoses, the surplus matter will make its escape from the system

in the form of urea. If it stop short of this, the uric acid will accumulate in the blood, and is regarded as the materies morbi of gout.

Rheumatism depends on the existence in the blood of an analogous poison—lactid acid—in consequence of a defect in the primary or secondary assimilation of the food as taken into the system. One reason why it prevails more than gout among the poor, is that the food which they consume is more liable to be converted into lactic acid than that consumed by the better classes of society. In the higher classes, where animal food is mostly indulged in, lithic acid is the result of the metamorphosis, while in the poorer classes, who rely on farinacious food, the transformation of the latter is into lactic acid.

Whenever this material accumulates in blood in large quantities, in consequence of an inability to undergo the transformation into carbonic acid, every effort is made on the part of nature to eliminate it from the whole system. We thus find it in the acid perspiration met with in rheumatism. I have noticed the effect of this acid perspiration on litimus paper, by putting it in contact with the bedewed surface of the skin, and seeing it change from blue to red.

It is, however, frequently observed that the profuse sweating which is so constantly seen in this disease, does not always relieve it, and it seems, therefore that this outlet is not sufficient for the elimination of the poison. There are other outlets by which it attempts to escape from the system; among these are, especially, those surfaces which we find well supplied with blood, and where the blood vessels are comparatively naked; where the blood circulating in them is but little exposed to any detention from the glandular structures, and where, therefore, their contents are most readily able to escape. Thus, we find the serous membranes, the peritoneum, pleura, pericardium, even the arachnoid membrane, but more especially the synovial membranes of the joints, to be some of the outlets from which this materies morbi endeavors to escape. In a patient affected with acute articular rheumatism, the synovial membranes are the localities where the disease most frequently manifests itself; congestion takes place in them; there is a large supply of blood, in consequence of which, a diseased synovia is poured out, loaded with this acid secretion, and this, acting as an irritant, produces pain in the joint, and causes that swelling and bulging of the synovial capsules so constantly seen in the disease. This is the reason why you find in the large joints, heat, swelling and redness.

The synovial capsules are not the only ones liable to be affected; it is not unusual to find a patient with rheumatic fever laboring under peritoneal rheumatism, or even peritoneal inflammation—an accident not very common, it is true, but which does occur sometimes. Pleuritis is not an unusual complication, while pericarditis is so common and frequent, that many pathologists contend that you never meet a case of acute articular rheumatism, without having, at the same time, a pericardial inflammation.

Endocarditis is also a common complication; in fact, in all these surfaces where the blood escapes with much difficulty we may have manifestations of disease presenting themselves; sometimes even we have pneumonia.

There are other materials capable of producing these same symptoms. There is a puerperal articular rheumatism from a materies morbi derived from the internal surface of the uterus. The matters detained contaminate the whole blood, and often give rise to a form of rheumatic fever, accompanied with swelling in the joints, sometimes very painful, going further than in ordinary acute articular rheumatism, so as to produce inflammation, ulceration, destruction of the articular surfaces, and filling the joints with pus. From the simple introduction of certain noxious merterials in the blood, the whole train of symptoms follow; they act as a ferment, and nature endeavors to eliminate them in the manner described.

If this be the theory of rheumatism—and there seem to be strong reasons for accepting it, as ably illustrated in the late Dr. Todd's clinical lectures— what should be the proper plan of treament?

What is the plan of treatment in all cases where there is a poison in the blood? Certainly, elimination.

In scarlantina the endeavor of nature, and the object of treatment, is to eliminate the poison; so in small-pox, and indeed in all exanthemata, depending on the presence of a poison in the blood.

In typhus and typhoid fever where there is an introduction of a poison in the blood, certainly the safest plan of treatment is elimination with sustentation.

In articular rheumatism we see that the skin is endeavoring to throw off this acid by profuse perspiration. Let us then trust her, and help nature, and try to assist in throwing off the poison by the administration of diaphoretics. This we can readily do by a class of diaphoretics, the salines, which are

known to have a direct tendency toward the cutaneous surface. Another symptom of the disease, which it is important to meet, is the pain. Two indications, therefore, present themselves—first, to assist the elimination, and, secondly, to relieve pain.

By combining the saline diaphoretic with some opiate and a little ipecacuanha, we have fulfilled all these indications.

If the pain is not very severe we may omit the opium altogether, and adopt a more thoroughly eliminating process by the administration of some of the carbonates of the alkalies.

In the case presented to the class, the plan pursued was to give three times daily ten grains of the acetate of potash, (the old sal diureticus,) in combination with an equal quantity of carbonate of potassa, so that the patient should take three times a day twenty grains of the mixture. It was given freely in diluent drinks. It produced free diuresis, and, besides, caused an unusual amount of fluid to be eliminated in the course of twenty-four hours by diaphoresis also. Through these two instrumentalities the poison seems to have been thoroughly eliminated from the system. While doing this, we were careful to sustain the patient's strength; for in all cases where blood-poisoning exists, there is a tendency on the part of the poison to depress the powers of the system, and to produce a toxical influence on the nervous system, which manifests itself in delirium, or extreme depression of the nervous powers. We give, therefore, animal broths, with a slight amount of stimulus. We also endeavored to eliminate this poison from his blood by local applications, tending to increase the sweating powers of his joints; they were closely wrapped up in carded wool, carefully prepared; as this is compressible into all forms and shapes, it could be wrapped all around the limb or painful joint. Outside of this, an envelope of oiled silk was placed, which kept up a profuse sweating, so that when removed, after having been on for twenty-four hours, the silk was completely loaded with perspiration.——*Med. & Surg. Reporter.*

Prof. Millar on Tobacco.—[This learned surgeon has of late been paying much attention to the social questions connected with the medical profession. We noticed a year ago his work "on Prostitution," and later still his work "on Alcohol its use and abuse." He has now turned his attention to Tobacco, and as we have lately given the views of several authors on this important luxury, we extract from the *Edinburgh Scotsman* the report of Prof. Millar's speech at a recent meeting of

the *British Anti-Tobacco Society.* The speeches of the learned opposers we do not trouble ourselves about, as their opinion is no weight outside their own city, and of precious little there.]

Professor Miller moved the first resolution:—"That as the constituent principles which tobacco contains are highly poisonous, the practises of smoking and snuffing tend in a variety of ways to injure the physical and mental constitution." (Hear, hear.) That statement, he said, perhaps required a little explanation. He did not mean to say that because a substance was in itself poisonous, its use in all possible circumstances must prove injurious to mind or body, or both together; but what he said was, that tobacco and other narcotics, being well known rank poisons, if they were taken unnecessarily, were taken unwisely and unsafely. This was just in accordance with one of the simplest and most certain rules in therapeutics—that if there was a diseased condition in a man's body which required the use of tobacco, or opium, or prussic acid—strongly poisonous as those remedies were—yet when judiciously and skilfully administered, they might be taken not only innocuously, but with the greatest positive advantage. They would do the man no harm, but good. All this was in accordance with what was technically called the law of tolerence; but this law had a converse; and the converse here was that if a person took a poison into his system which was not required by any diseased condition of body, there was no law of tolerance to protect him; and it not only did him no good, but it did him harm more or less. Now, tobacco is one of the strongest narcotic poisons with which we are acquainted; and the shape in which he would put the question was—were the people who used it so extensively protected by the law of tolerance, or were they met by the converse of that law, which rendered the use of it unsafe? He presumed that 99 out of every 100 of those who were to be seen going smoking about the streets, or using tobacco in some form or other, would never dream of putting in such a plea as that they used it medicinally for some disease under which they were laboring—therefore, it naturally and necessarily followed from the principle which he had laid down that all these people were injuring themselves more or less. (Hear, and applause,) He would next proceed to inquire what were the evil effects which tobacco produced upon the physical and mental constitution. Medical men were but too familiar with these evil effects. They knew that it injured the whole organism, put the stomach out of order, and weakened the frame. But it acted mainly upon the nervous system—not strengthening, on the contrary, weakening it and depriving it of its tone. No man who was

a hard smoker had a steady hand; and as the ancients said, *Ex pede Herculem*, he would say, *Ex manu hominem*—by its effects on the man's hand we might judge of its effect upon his whole nervous system. But not only had it a debilitating and paralyzing effect; but he could tell of patients who were completely paralyzed in their limbs by inveterate smoking. He might tell of a patient of his who brought on an attack of paralysis by smoking, who was cured indeed by simple means enough, accompanied with the complete discontinuance of this practice; but who afterwards took to it again, and got a new attack of paralysis; and who could now play with himself as it were, because when he wanted a day's paralysis or an approach to it, he had nothing to do but to indulge more or less freely with the weed. Then as to the effect of smoking upon the intellectual powers—for he would leave its moral and social consequences to other speakers—there could be no doubt that it obfusticated mental vision more or less. "Blowing a cloud" was a very good symbol of the cloudy kind of ratiocination which the person who did so get into in consequence. It might not be easy to prove that in individual cases, but it was not difficult to do so on a large scale. Only the other day, the French—among whom the practice was carried even to a greater extent than with us—made an estimate of its effects in their schools and colleges. They took the young men attending these institutions, classified them into those who smoked habitually, and those who did not, and estimated their physical and intellectual standing—perhaps their moral standing too, but he could not say. The result was that they found that those who did not smoke were both the stronger lads and better scholars. were altogether more reputable people and more useful members of society, than those who habitually used the drug. What was the consequence? Louis Napoleon—one of the good things which he had done—instantly issued an edict that no smoking should be permitted in any school, college, or academy. This edict in one day put out about thirty thousand pipes in Paris alone. Let our young smokers put that in their pipe and smoke it. That was one of the advantages of an autocracy; and he (Prof. Miller) would be very glad if the Lord Provost had the power to issue a similar edict in Edinburgh, which he was quite sure would derive much benefit from it. Perhaps there might be smokers present who thought this all stuff; and who were ready to say that they knew from experience that smoking did them good, and that they could reason a great deal better after a comfortable smoke than they could before it. Very good; but that only made his case all the stronger.

Let a healthy man, unaccustomed to smoking, take up a pipe of tobacco and smoke it to the end, or give him three or four pinches of snuff in succession, and then let them ask him whether he felt better or worse. Set him to work out a difficult problem, and see what was the condition of his reasoning powers. The man would at once admit that they were in very bad condition. The men who felt the better after using a narcotic were just the men who were slaves to it; and it was merely the disordered and morbid state of their physical and nervous system, which required to be tickled up again with that stimulant which had already exhausted and weakened them. Professor Miller went on to refer at some length to the effects of opium among the Chinese, and showing many points of similarity between it and tobacco smoking when extensively indulged in. He then referred to the increase of the use of tobacco, particularly in the form of smoking among the young, remarking that its prevalence—taking into account its unfailing physical, intellectual, and moral effects—was calculated to alarm those who had the welfare of the community at heart. After relating several anecdotes tending to show the extreme difficulty, and in some cases the impossibility, of giving up the habit when it had been fairly formed, notwithstanding the pain which it caused by inducing cancer or other diseases, Professor Miller went on to say it could not be denied that there was a diversity of medical opinion regarding the injurious effects of the use of tobacco. But he would ask them to inquire who were the medical men who would come forward as the champions of tobacco? They were men who were themselves smokers. But these men, by their own addiction to this vice, had put themselves out of court, and their opinion was therefore of no consequence. The man best qualified to give an opinion on the subject was the man who had been so far enslaved by the habit, but who had given it up. Professor Miller went on to say that he was in this position, having at one time been addicted te snuffing, but after ten or a dozen vain and difficult attempts he had given it up. He had tried it both ways, and he had a bright recollection of the comforts of snuffing. The first pinch in the morning was delicious; the pinch after dinner was—magnificent! But until that pinch was got he was stupid, dull and restless, and the effect, both mentally and corporeally, was evil, and nothing but evil.

Mr. Reynolds, Secretary to the British Anti-Tobacco Society, seconded the resolution. He began by stating that tobacco contained two poisonous principles, one of which was nicotin, and the other an essential oil which was so injurious and acrid

in its fumes that if a single drop of it were burned in the hall, every one of his auditors would feel themselves compelled to rush to the door. He proceeded to narrate a number of anecdotes which had come under his own observation and experience tending to show the injurious effects of "the weed" upon the physical and mental constitution of man, as well as the benefits which had followed the total discontinuance of the indulgence.—*Nashville Med. & Sur. Jour.*

On the Action of Iodide of Iron upon Phthisis. By Dr. Cotton, Physician to the Hospital for Consumption at Brompton.—Dr. Cotton tests the action of this compound upon twenty-five cases, not selected, but taken just as they arrived at the hospital, those only being excluded which were either at too advanced a stage to admit of any remedial treatment, or which happened to be laboring under some inflammatory or other important complication.

The iodide was administered in the form of the syrupus ferri iodidi mixed with water, in doses of a drachm, twice and sometimes three times a day. It was continued, according to its effects, for various periods; the shortest one month, and the longest three months.

Of the twenty-five patients, eleven were males, and fourteen females; their ages varied from eighteen to forty years. Eight were in the first stage of the disease; three were in the second stage; and fourteen presented positive evidence of pulmonary cavities. In ten cases there was great improvement; in four, moderate improvement; and in eleven, no improvement.

In analyzing these results, it was found that of the ten greatly improved, four were in the first stage of the disease, and six in the third. Of the four moderately improved, one was in the first stage, one in the second, and two in the third. Of the fourteen in whom no improvement was noticeable, three were in the first stage, two in the second, and nine in the third.

Three cases of improvement were decidedly marked; two of these patients, whose disease was only in the first stage, left the hospital with their pulmonary affection quiescent, and apparently restored to health, calling themselves indeed quite well; and the other, although more advanced, and in the third stage of phthisis, was marvellously improved, and able to resume his occupation.

In two cases, hæmoptysis came on during the administration of the iodide, and in two the iodide was discontinued

on account of headache and dyspepsia. The spitting of blood probably was in no way attributable to its use, hæmoptysis having occurred previously in the same patients; but the other symptoms having ceased or diminished with a change of medicine, might perhaps be fairly referred to its employment. Except in those instances, the iodide of iron appeared to agree very well with the patients, several of whom improved very much in appetite and strength.

Three of the patients in whom there had been no improvement, afterwards derived benefit from other medicines.

In eight of the cases cod liver oil was occasionally taken in combination with the iodide; one-half of these we found to belong to the class of improved, the other half to that of not improved.

Of the fourteen improved cases, ten gained in weight, some of them very considerably, three remained in *statu quo*, and one lost two pounds while under treatment. The improvement, however, was not always in proportion to the increase of weight, some of the patients who had increased the most, having improved the least.

It is, perhaps, worth recording, that one of the patients took, accidentally, an ounce of the syrup, which would contain thirty-two grains of the iodide of iron. It produced a distressing feeling of weight in the epigastrium, attended with nausea and subsequent purging. For several weeks afterwards, there was a loss of appetite, depression of spirits, and a constant feeling of uneasiness in the region of the stomach, all of which, however, gradually passed away, leaving the patient apparently none the worse for the overdose.

After making due allowance for the influence of concomitant circumstances, such as rest, hygiene, and hope, all of which claim a prominent share in the improvement of all hospital patients, we are justified, Dr. Cotton thinks, in arriving at the following conclusions:

1. Syrup of the iodide of iron, in doses of a drachm, twice or three times a day, occasionally produces headache, with some dyspeptic symptoms; but for the most part, it is found to agree very well with consumptive patients.

2. Although very far from exhibiting what might be termed a *specific* effect, it nevertheless seems to act very beneficially in a fair number of consumptive cases, especially in those where the disease is only at an early stage.

3. Under its influence the patient's weight is generally increased.—*Med. Times and Gaz.*

BOOK AND PAMPHLET NOTICES.

An Elementary Treatise on Human Anatomy. By Joseph Leidy, M. D.

The above work, from the press of the well known firm of J. B. Lippencott & Co., Philadelphia, was announced in a former number of the Examiner. The book is worthy of more than a passing notice, and we desire briefly, again, to call the attention of the profession to its merits. Professor Leidy has given us a work concise, lucid and complete, so far as the wants of the student are concerned—one which we take peculiar pleasure in commending to our countrymen as comparing favorably with the best works in our own or any other language. An American work, with us, should have preference, if our national vanity is not gratified at the disparagement of better books, and we are happy to say that in several respects, we consider it superior to any elementary work which has yet appeared. None so much as a teacher realizes the necessity of a correct and uniform standard of pronunciation of anatomical names; though every educated man in our profession has noticed a sad discrepancy or deficiency in this respect. The work before us adopts an accentuation of technical terms, which, so far as we have noticed, is faultless, and of great assistance to a critical student.

We object to its *Anglicism* of the original, long used names of anatomical structures, which passing from the Latin and Greek to the modern languages, are recognized by all educated men alike. We believe that every medical student should attain such a knowledge of those languages, as would render the meaning of their terms as evident as though expressed in his own vernacular tongue.

The objection is in a measure obviated by the retention of the original names in foot notes, but these will be treated by the student very much as the author anticipated—the association incorporating in the mind the name italicised in the text.

The histological descriptions of the tissues are fine, and the figurings of microscopic appearances, *beautiful*, excelling any

thing of the kind which we have met in any practical treatise on anatomy.

The work is illustrated by 392 engravings, well executed.—Those representing the nervous distribution are particularly fine.

In typographical appearance and mechanical execution, the Publishers have evidenced a degree of taste which leaves nothing further to be desired.

We most cordially commend it to the profession as not only meeting the wants of the student, but all ordinary requirements of the general practitioner. J. H. H.

Electro-Physiology and Electro-Therapeutics; showing the best methods for the Medical Uses of Electricity. By Alfred C. Garnett, M. D., &c. Second Edition. Boston: Ticknor & Fields, 1861.

This is a large and elegant volume of 716 pages octavo.—The first edition was pretty freely noticed and strongly recommended, in the pages of the Examiner only a few months since. Hence we will only add in reference to the second edition, that it contains several pages of additional matter, and several new illustrations. Both students and practitioners will find it a work of much intrinsic value. Price, $3. For sale at the extensive book-store of S. C. Griggs & Co., of this city.

A Practical Treatise on Phthisis Pulmonalis; containing its Pathology, Causes, Symptoms and Treatment. By L. M. Lawson, M. D., Professor of Clinical Medicine in the University of Louisiana. Rickey, Mallory & Co. Cincinnati: S. S. & W. Wood, New York. From the Cincinnati Publishers.

This is a well bound octavo volume of 557 pages. From the well known, and deserved reputation of the author, together with a hasty glance at the contents of the work, we do not hesitate to recommend it as worthy of a place in every physician's library. We shall give it a more extended notice when we have had time to examine it with the necessary care.

Lives of Eminent American Physicians and Surgeons of the Nineteenth Century. Edited by Samuel D. Gross, M. D., Professor of Surgery in Jefferson Medical College. Philadelphia: Lindsay & Blakiston, 1861.

This is a large octavo volume of 836 pages, published in elegant style. It contains pretty full and highly interesting biographical sketches of thirty-two eminent American physicians and Surgeons, written by almost as many different authors. We think no reader can look over the following, from the table of contents without feeling, a strong desire to possess the work.

Biography of Benjamin Rush, by Dr. Samuel Jackson,
" John Warren, by Dr. Buckmaster Brown,
" Caspar Wistar, by Dr. Caspar Morris.
" John Syng Dorsey, by Dr. Sam'l D. Gross.
" Samuel Bard, by Dr. James P. White.
" Ephraim McDowell, by Dr. Sam'l D. Gross.
" Samuel Brown, by Dr. LaRoche,
" John D. Godman, by Dr. T. G. Richardson.
" Samuel L. Mitchell, by Dr. John W. Francis.
" David Hosack, by Dr. Alex. E. Hosack,
" Phillip Syng Physick, by Dr. John Bell.
" John Eberle, by Dr. Thos. D. Mitchell,
" Wm. J. Macnevin, by Dr. John W. Francis.
" James Thatcher, by Dr. N. S. Davis,
" George McClellan, by Dr. J. H. B. McClellan.
" Jacob Randolph, Dr. J. Aitken Meigs,
" Amariah Brigham, by Dr. E. K. Hunt,
" Chas. A. Luzenberg, by Dr. Thos. M. Logan.
" Joseph Hartshorne, by Dr. E. Hartshorne,
" Sam'l Geo. Morton, by Dr. Sanford B. Hunt.
" John B. Beck, by Dr. C. R. Gilman,
" Daniel Drake, by Dr. Samuel D. Gross.
" Nathaniel Chapman, by Dr. J. B. Biddle,
" Lewis C. Beck, by Dr. Alden March,
" Wm. E. Horner, by Wm. Horner, Esq.,
" John A. Sweet, by Dr. Austin Flint,
" Elisha Bartlett, by Dr. Samuel H. Dickson,

Biography of Moreton Stille, by Dr. Sam'l H. Dickson,
" Theodric R. Beck, Dr. Frank H. Hamilton,
" John C. Warren, by Dr. Edward Warren,
" Charles Frick, by Dr. Frank Donaldson,

No work has issued from the medical press, in this country, that should meet with a more cordial reception, from all classes of readers. We hope the rapid sale of this, will induce the speedy publication of an additional volume.

For sale by S. C. Griggs & Co., of this city.

Theory and Practice of the *Movement-Cure:* or the Treatment of Lateral Curvature of the Spine; Prolapsus; Indigestion; Constipation; Consumption; Angular Curvatures, and other Deformities; Diseases Incident to Women; Derangements of the Nervons System; and other Chronic Affections; by the Swedish System of *Localized Movements.* By Charles Fayette Taylor, M. D.; with illustrations. Philadelphia: Lindsay & Blakiston, 1861.

This is a small octavo volume, containing 295 pages, done up in excellent style. It contains the most full and interesting exposition of systematic muscular exercise, and its effects in preserving health and curing diseases, with which we are acquainted. The subject is one of much importance, and hitherto, altogether too much neglected. The present work fills a vacancy in our Medical Literature, and may be read with much profit by every practicing physician. For sale by S. C. Griggs & Co., Chicago.

Diphtheria; Its Nature and Treatment, with an account of the History of its prevalence in various countries. By Daniel Denison Slade, M. D., being the Dissertation to which the Fiske Fund Prize was awarded in July, 1860. Philadelphia: Blanchard & Lea, 1861.

This is one of the best Monographs that has yet appeared on the subject of Diphtheria.

For sale at the excellent Book Establishment of W. B. Keen & Co., Lake street, Chicago.

A Treatise on Fever; its Cause, Phenomena, and Treatment. With an Appendix containing views on some Female Diseases, some Diseases of Children, &c. By Rezin Thompson, M. D., Nashville, Tenn. 1860.

This is a title to a small octavo volume of 440 pages. It is published in fair style by the author; but the style in which it is written, and its pretensions are certainly unique, and amenable to severe criticism. We hardly think the importance of the work, however, sufficient to justify the expenditure of so much time and space as would be necessary for a serious criticism. The chief substance; the special pith of the book, may be stated in a few words.

The author adopts the well known neurological pathology of Fevers, referring the first link in the chain of morbid action to a morbid impression on the nervous system. He intimates a belief that this morbid impression, is produced by poisonous animalcula. As an antidote or a specific remedy for these animalcula, or whatever other poison may cause fever, he recommends the *oil of Sassafras*, with as much confidence as the noted Samuel Thompson ever did his Lobelia and Steam.

On this point we quote his language as follows:

"Having come to the conclusion that the cause of all idiopathic fevers is a something possessing the property of a narcotic poison, I believed that the oil of sassafras would destroy or counteract, or neutralize it. I had tried it for these purposes a thousand times, successfully, in other analogous cases. For example: I had tried it repeatedly for destroying insect life, and found it immediately fatal to every kind; had also tested its powers upon the infusoria in impure water, and saw it destroy them instantly. I therefore felt assured that if the cause was really the presence of minute animalcules disturbing the nervous centres, this would be conveyed by the circulation in sufficient strength to destroy them at once. I also knew that it would as certainly destroy or neutralize any poison which they might have infused into the system, for I had tested its power fully in destroying the poison of insects and reptiles, such as mosquitoes, fleas, spiders, bees, wasps, etc.; and, on one occasion, had an opportunity of testing its powers over the venom of the snake known as the copper-head, and found it to succeed promptly. I also knew, from repeated experiments, that it would destroy or prevent the effects of vegetable narcotics, such as tobacco, henbane, etc.; I therefore

judged that, should I be mistaken in the cause of fevers being animalcules, it must of course, then, be a poisonous gas; and, believing, from observing its effects, that it must be of the narcotic kind, I had good reason to infer that the oil of sassafras would succeed, should this be the case. I therefore expected it would meet the first indication, and was not disappointed. I have seen its exhibition followed, again and again, with as sudden a disappearance of the febrile movement as I ever saw follow the opening of an abscess, when the fever originated from that cause."

His favorite mode of prescribing the oil, is in the following combination, which he calls "Fever Syrup:"

℞	Syrup of Rheubarb,	℥jv.
	Tinct. Valerian,	℥j.
	Oil of Sassafras,	20 gtts.
	Piperin,	10 grs.
	Supr. Carbonate of Soda,	20 grs.

Mix. Dose, a table-spoonful every two or three hours.

We have received, through the Book Store of W. B. Keen & Co.; Lake Street, Chicago; a copy of the Transactions of the American Medical Association for 1860; Lyons on Fevers; and Dalton's Human Phisiology; which we shall endeavor to notice more fully in our next issue.

EDITORIAL.

Illinois State Medical Society.—We hope the profession throughout the State, will remember that the next regular meeting of the State Society will be held at Jacksonville, commencing on the first Tuesday in May. The place of meeting is attractive, and the objects to be accomplished important. We trust the profession in all parts of the State will be represented.

Medical College Commencements in this City.—*Rush Medical College.*—The eighteenth annual commencement of this institution was held in the college hall, on Wednesday evening Feb. 20th. The degree of M. D. was conferred by the President of the College faculty, Prof. Brainard, on *thirty-seven* candidates, as follows:

Allen S. Barnt, Charles Bunce, Wm. C. Brown, Sidney S. Buck, Benj. H. Bradshaw, Wilford Bates, Henry S. Blood, Daniel M. Cool, Elijah A. Clark, Thos. J. Dunn, Edw. C. DeForrest, M. M. Eaton, Henry W. Maynard, Richard E. McVoy, John Murphy, Samuel O. Owen, Allen M. Pierce, Henry V. Passage, Madison Ruce, Geo. Egbert, Wm. B. Graham, Henry J. Herrick, Zenas P. Hanson, Clinton D. Henton, John F. Kealdes, Ezekiel Keith, Enoch W. Keegan, Abner D. Kimball, Robt. M. Lackey, Z. James McMaster, James M. Mayfield, E. Fred Russell, Edward P. Talbot, Chas. B. Thompkins, Theodore W. Stull, Israel B. Washburne, O. G. Walker.

The honorary degree of M. D., was conferred upon Robert C. Hammill, Chicago, and Theodore Hoffman, Niles.

Medical Department of Lind University.—The second annual commencement of this college was held in the third Presbyterian Church on the evening of the 5th of March. A large and attentive audience was present. The degree of M. D., was conferred by Prof H. A. Johnson, President of the College Faculty, on *twelve* candidates as follows :

J. M. Barlow, of Bellair, Ill.; C. Dumreicher, of Chicago, Ill.; F. S. C. Grayston, of Huntington, Ind.; G. W. Morrill, of Shopiere, Wis.; F. W. Reilly, of Chicago, Ill.; Hiram Wanzer, of Chicago, Ill.; T. J. Bluthardt, of Chicago, Ill.; S. L. Fuller, of Chicago, Ill.; O. A. Lewis, of Huntington, Ind.; J. Nicolai, of S. Bend, Ind.; D. W. Stewart, of Moline, Ill.; H. T. Woodruff, Joliet, Ill.

The *ad-eundem* Degree of M. D., was conferred on Drs. D. C. Roundy and C. Miller, both of Geneva, Wis. The Honorary Degree of M. D. was conferred on Prof. T. Deville of England.

A premium was awarded to H. T. Woodruff of Joliet, Ill., for the best Inaugural Thesis; another to Frank W. Reilly of Chicago, for the best Clinical Report; and another to F. S. C. Grayston of Huntington, Ind., for the second best Clinical Report.

The Valedictory address was then delivered by Prof. M. K. Taylor of Galesburg. The address will be found in the present number of the Examiner, and will be read with interest

and profit. After the exercises closed at the Church, the graduates and students, with the Faculty and guests repaired to the residence of Prof. N. S. Davis, where they enjoyed an entertainment and a social interchange of the most agreeable character.

Berkshire Medical Journal.—Edited by W. H. Thayer, M. D., of Keene, N. H., and R. Cresson Stiles, M. D., of Pittsfield Mass.

We have received the first two numbers of this new monthly periodical, and take pleasure in placing it on our exchange list. It is neatly printed and edited with ability.

Note.—The above was designed for the February number of the Examiner, but was accidently omitted. In the same number of the Examiner, under the head of Selections, were several pages of matter copied from the Berkshire Medical Journal, without being properly credited. Also a valuable article on Ergot copied from the Philadelphia Medical and Surgical Reporter, without credit. These omissions escaped our observation, by trusting the proof-reading of the selected matter to the publisher. We shall endeavor to be more careful in future.

Change of Name.—The New Orleans Medical News and Hospital Gazette, has been changed to *New Orleans Medical Times*; and has passed under the editorial management of Anthony Peniston, M. D.

New York Ophthalmic School.—The annual commencement of this institution was held in the fourteenth-street Medical College, in the presence of a large number of students and medical men. Peter Cooper occupied the chair. Dr. Stephenson, Senior Surgeon to the Institution, made a few preliminary remarks in regard to the organization and success of the institution, and concluded by awarding testimonials to the following gentlemen who composed the graduating class: J. Craig, Minn., G. W. Edwards, N. Y., C. F. Miesse, O., B. A. Watson, N. J., F. G. Stanley, M. D., Ill., J. E. Lynch, O.,

A. J. Harris, Penn., G. T. H. Scott, M. D. Iowa, W. L. Wheeler, N. Y., H. Hill, M. D., C. W., W. S. Souders, O., S. W. Briggs, M. D., N. B., J. L. Kiernan, M. D., N. Y., S. Ayers, N. J., H. S. Plympton, Mass., T. H. Stilwell, N. Y., W. R. Stilwell, N. Y., G. R. Wells, M. D. Wis., J. W. Robie, N. H., S. J. Dewey, M. D., Ill., A. D. Smith, Ga., C. R. Case, M. D., Mich., B. O. Reynolds, M. D., Wis., Calhoun Hill, N. C., R. V. M'Kim, M. D. Dr. J. P. Garrish, one of the Surgeons of the Hospital, delivered an excellent address to the students, and the Valedictory was spoken by Dr. James F. Kiernan, of the graduating class. The exercises were closed with a short address by Peter Cooper, who in the course of his remarks highly complimented the students connected with the Hospital, and in glowing terms eulogized the professors connected with the institution.

Summer Course of Medical Instruction.—The regular summer term of instruction in the Medical Department of Lind University, was commenced on Monday the 25th inst.; and will be continued until the first of October. A very respectable class of students were present, and have registered their names for the whole course.

Homœopathy and the Michigan University.—We learn from the Detroit Free Press, that the Legislature of Michigan, during its recent session, passed a law requiring the establishment of a chair of Homœopathy in the Medical Department of the State University, at Ann Arbor. It is claimed, however, and probably with truth, that the Legislature has no control over the subject; the constitution of the State having placed the regulation of the University and all its departments exclusively and fully under the charge of the Board of Regents. This board, only a few years since, after instituting a pretty thorough investigation in relation to the nature and claims of Homœopathy, refused to establish any such chair.

Whether the recent action of the Legislature will induce them to alter their former dicision, remains to be seen.

We think, however, that they will not be guilty of so great an act of folly.

THE NEW SYDENHAM SOCIETY.

This is an English Society, instituted for the purpose of publishing standard works on Medical and Surgical subjects, at a low cost, so that they may be distributed among the largest possible number of the profession. The subscription is one guinea a year, ($5,25, U. S. currency,) which entitles a member to all the publications for the current year. The works are not obtainable in our bookstores, or in any way except by joining the Society. The following list indicates their character.

THE PUBLICATIONS FOR 1859.

Vol. I.—*Diary* "On Syphilis in Infants and Children at the Breast." Translated by Dr. Whitley.

Vol. II.—*Gooch* "On the most important Diseases of Women and Children," with other Papers. Woodcuts. Prefactory Essay by Dr. Ferguson.

Vol. III. *Memoirs on Diphtheria.* From various French sources. Selected and translated by Dr. Semple. With a Bibliographical Appendix by Mr. Chatto.

Vol. IV. comprises the two Works of Professor *Schroeder Van-der Kolk*, (1st) "On the Spinal Cord," and (2nd) "On the Medulla Oblongata," and "On the Proximate Cause and Rational Treatment of Epilepsy." Translated by Dr. W. D. Moore, of Dublin. With numerous Lithographs.

Vol. V. contains translations of the following Monographs:—

1st. *Kussmaul* and *Tenner's* "Experimental Researches on the Effects of Loss of Blood in inducing Convulsions." Translated by Dr. Bronner, of Bradford.

2nd. *Wagner* "On the Resection of Bones and Joints." Translated by Mr. T. Holmes. Numerous Woodcuts.

3rd. Professor *Graefe's* Three Papers on Glaucoma, Iridectomy, &c. &c. Translated by Mr. T. Windsor, of Manchester.

THE PUBLICATIONS FOR 1860.

Vol. VI.—*Clinical Memoirs on Abdominal Tumours and Intumesence.* By Dr. Bright. Collected and reprinted from the Guy's Hospital Reports. Edited by Dr. Barlow. With numerous Woodcuts.

Vol. VII.—*A Year-Book for* 1859.—The Year-book is designed to form a Register in condensed abstract of all Important Communications whether British or Foreign, in Medicine, Surgery, and their allied Sciences during the year. It will consist of five sections:—1st. Anatomy and Physiology. Edited by Dr. Harley. 2nd. Medicine. Edited by Dr. Handfield Jones. 3rd. Surgery. Edited by Mr. Hulke. 4th. Diseases of Women and Children. Edited by Dr. Graily Hewit. And 5th. Forensic Medicine and Toxicology. Edited by Dr. Odling.

Vol. VIII.—*Frerich's Clinical Account of Diseases of the Liver.* Vol. I. With Woodcuts. Translated by Dr. Murchison.

Vol. IX.—*Vogel and Neubauer* on the Examination of the Urine. A Manual intended for the assistance of the practical physician. With Woodcuts and Plates.

Vol. X.—*Hebra's Atlas of Illustrations of Skin Diseases.*

The works for 1860, and probably those for 1859, may yet be had by subscribing for those years. The Subscription for 1861 is now due, and should be paid in advance, to secure the publications of the year. Thus pre-payment is essential to the efficient and prompt action of the Society in publishing the books, and relieves from embarrassing uncertainty. As it is a mutual benefit association, it is hoped that all members of the profession will take interest enough in it to mention it to their friends. The expenses of exchange and carriage are divided among the local members. The circulars of the Society may be obtained, and a specimen of the books seen at the office of Dr. V. L. Hurlbut, 122 Randolph Street, or at the office of the undersigned who is authorized to forward subscriptions.

CHAS. G. SMITH, M. D.,
95 Washington St. Chicago.

OBITUARY—DR. JOHN W. FRANCIS.—In the decease of Dr. John W. Francis—he died at 3 A. M. yesterday, at his residence in East Sixteenth street—New York has lost a marked and shining celebrity. His services to the profession he passionately loved and adorned are at an end; his genial face has faded from mortal view; his eloquence of anecdote, his rare and grand speculations, his noble and hearty benevolence, are no longer living and loved realities. His death was not expected. Though nearly 72 years old, he seemed hale and hearty. Afflicted with carbuncles on the back, he submitted last week to an operation which he thought very much relieved him. The draft on his physical energies proved too great. Suddenly, and without pain, he passed away, retaining his senses to the last.

John Wakeman Francis was born in this city, on the 17th of November, 1789. His father came from Germany, his mother was a Philadelphian, of Swiss descent. At an early age, John was placed in the printing office of George Long, in this city. His ambition soared above type-setting, and he early showed a fondness for books, a love for scholastic pursuits. Employing his leisure time in study, he proved himself an apt as well as a vigilant scholar. His genius was recognized, his industry rewarded. Judicious friends came to the aid of the young and striving student, and in 1807 he was enroled to enter the junior class of Columbia College, at the same time commencing the study of medicine under the celebrated Dr. Hosack. In 1809 he graduated, and at once gave his undivided attention to his medical studies. In 1810, in conjunction with Dr. Hosack, he commenced the publication of the "Amercan Medical and Philosophical Register," both acting jointly as editors. In 1811 he recieved his degree of M. D. from the New York College of Physicians and Surgeons—his was among the first degrees granted by this College—and the same year he was admitted to partnership with Dr. Hosack, a partnership which continued through nine years. In 1813 he was appointed to the chair of Materia Medica in his *alma mater.—N. Y. Times.*

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N. S. DAVIS, M. D., ... EDITOR.

PUBLISHED BY WM. CRAVENS & CO.

132 LAKE-ST., CHICAGO.

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